

**A STUDY TO EVALUATE THE EFFECTIVENESS OF
PLANNED NURSING INTERVENTION TO FACE THE
DOMESTI VIOLENCE POSITIVELY, IN TERMS OF
ROLE RECOGNITION AND EMOTIONAL
COMPETENCE AMONG MARRIED
WOMEN AT A SELECTED
AREA IN SALEM.**



A Dissertation submitted to

*The Tamilnadu Dr.M.G.R. Medical University, Chennai - 32
in partial fulfilment of the requirement for the degree of*

MASTER OF SCIENCE IN NURSING

By

Reg. No: 301231051

PSYCHIATRIC NURSING

**SHANMUGA COLLEGE OF NURSING,
24, SARADA COLLEGE ROAD, SALEM – 636007**

OCTOBER - 2014

**“A STUDY TO EVALUATE THE EFFECTIVENESS OF
PLANNED NURSING INTERVENTION TO FACE THE
DOMESTI VIOLENCE POSITIVELY, IN TERMS OF
ROLE RECOGNITION AND EMOTIONAL
COMPETENCE AMONG MARRIED
WOMEN AT A SELECTED
AREA IN SALEM”.**

APPROVED BY DISSERTATION COMMITTEE

Clinical Speciality Guide: _____

Principal _____

Viva Voce & Date :

1. Internal Examiner _____

2. External Examiner _____

OCTOBER - 2014

DECLARATION OF THE CANDIDATE.

I Mrs.Jayalaksmi. M, hereby declare that this dissertation entitled “**A Study to Evaluate the Effectiveness of Planned Nursing Intervention to Face the Domestic Violence Positively, in terms of Role Recognition and Emotional Competence among Married Women at a selected area in Salem**”, has been prepared by me under the guidance and direct supervision of **Mr.P.Selvaraj, M.Sc.(N)**, Associate Professor cum HOD, Department of Psychiatric Nursing, Shanmuga College of Nursing, Salem as the requirement for partial fulfilment of Master of Science in Nursing degree under The Tamilnadu Dr.M.G.R. Medical University, Chennai-32. This dissertation represents independent work of mine, had not been previously formed and this will not be used in further for award of any other degree/diploma.

Place: Salem

Month & Year: October 2014.

Mrs.Jayalaksmi. M,

II –Year, M.Sc (N) Student,

Shanmuga College of Nursing,

Salem- 636007.

ACKNOWLEDGEMENT

First and foremost, I praise and thank the **LORD GOD ALMIGHTY** for his abundant grace, strength and support throughout this endeavour, who lead me and helped me in the accomplishment of all the tasks in my life.

I wish to extend my profound gratitude to our chairman **Dr.P.S.Panneerselvam. M.S., M.N.A.M.S, F.I.C.S., F.A.I.S**, for allowing me to undertake the M.Sc(N) program and for their persuasion in my studies.

It is a pleasant deed to express my overwhelming sense of gratitude and sincere thanks to **Dr.Prof.S.Maragatham. M.Sc(N)., M.Phil(N)., Ph.D(N)**, Former Principal and Research guide during my initial study period, for her genuine concern, inspiration, valuable advices, expert guidance, constructive suggestions and constant encouragement of the study. I also wish to extend my thanks to my present principal who helped me in completion of this study.

My immense thanks go to **Mr.P.Selvaraj, M.Sc (N)**, HOD, Department of Psychiatric Nursing, for his constant guidance, valuable support and continuous encouragement till the final fraction of this study.

I wish to extend my heartfelt thanks to our class coordinator, **Mrs.K.Pushpalatha,M.Sc(N), (Ph.D)**, Head of the department in medical Surgical Nursing for her precious guidance and support and encouragements throughout my study.

It is my pleasure to express my deep sense of gratitude to **Prof.Kavitha.C,M.Sc (N).,** Professor in Child Health Nursing for her deep sense involvement, scholarly suggestions for my study.

I take this opportunity to thank all the **faculties of psychiatry department and all the M.Sc (N) Faculties** of Shanmuga College of Nursing for their encouragement and support for this study.

In this sense of honour and pride for me to place on record, my sincere thanks to all **Experts** for having spent their most valuable time for validating the tools and independent variable used in this study.

I extend my sincere thanks and appreciation to my **Study Participants** for their kind co- operation and willingness to participate in the intervention.

My special thanks to the management of Shanmuga Institute of Medical Science for providing the **library facilities** throughout the study.

I express my sincere thanks to **Mr.V.Murugesan**, Shri Krishna Computer centre, Salem for his help towards neat and error free execution of this manuscript.

It's my immense pleasure to extend my heartiest gratitude to my ever loving parents **Mr.N.S. Murugesan and Mrs.M.Sarogini** for their continuous and non-tiring support and encouragement in every step of my life.

I gratefully submit endless thanks to my loving husband **Mr.R.Ananthu** who financially supported me and encouraged me throughout this study. It would be a gracious lapse on my part if I don't thank my mother in law **Mrs.Jaya mani** who helped me during my study.

I extend my heartiest gratitude to my loving kids **A.Nithin Shreyas and A.Ajay Arush** for their continuous cooperation, support and patience throughout this study.

I also take this opportunity to express my sincere appreciation and thanks to **Mrs. Evangeline and Mr. Mathew**, the quarry of my courage and my constant motivators, whose wise words shower the seeds of confidence in me to face the obstacles during the study period. Their prayers support and encouragement was the driving force for me throughout this inevitable, continuing, but exciting experience.

My heartfelt thanks to my **beloved senior Mrs.Shakila Begum and beloved friend Mrs. Renitha Navis and my juniors** to extend their help throughout the study.

I owe to express my thanks to all my well wishers who helped me directly or indirectly towards the successful completion of this study.

JAYALAKSHMI, M.

RESEARCH ABSTRACT

(Mrs.M.Jayalakshmi * and Mr.P.Selvaraj **)

*- M.Sc (N) II year student and **- HOD in Psychiatric Nursing Department, Shanmuga College of Nursing, Salem, at the time of doing study in 2014.

ABSTRACT: ***Background:** Violence against women continues to be a global epidemic that kills, tortures and maims physically, psychologically, sexually and economically. Domestic violence (DV) is the single greatest cause of injury to women. Spousal abuse is the mistreatment or misuse of one spouse by the other. Approximately 95% of the victims of domestic violence are women. The aim of this study was to assess the level of domestic violence and to promote role recognition and emotional competence to face domestic violence positively among married women. **Method:** A quantitative evaluative research approach, quasi experimental pre-test post-test with control group design was used to determine the effectiveness of information booklet on 'face domestic violence positively (for married women) among married women in a selected area. The study was conducted in Anna nagar, Kari patti, Salem. The sample size was 60, 30 married women of 19-45 years were selected by non-probability purposive sampling technique. Initially the researcher got permission from concerned authority. Informed written consent was obtained from the samples. The tools used were structured interview schedule to assess the demographic variables, level of domestic violence, role recognition and emotional competence to face domestic violence from each group. Pre-test was conducted to assess the level of domestic violence, role recognition and emotional competence to face domestic violence from each group. Followed by pre-test, on day 2, a group teaching on how to face domestic violence was carried out using PowerPoint for experimental group and information booklet on 'face domestic violence positively (for married women)' was issued to experimental group. On day 10, first follow up was carried out by motivating the samples to read and practice the booklet, and doubts in the booklet were clarified by the researcher. On day 18, second follow up was carried out same as that of first follow up. On day 28, post test was conducted. **Results:** The findings showed that there is significant difference in the mean post-test role recognition and emotional competence score to face domestic violence positively. The calculated values of role recognition and emotional competence to face domestic violence scores were 8.40 and 10.76, 7.30 and 9.83 respectively between experimental and control group which is significant at $p < 0.05$ level of significance. There was no significant association between the pre test level of emotional competence to face domestic violence among samples of experimental group and their duration of marriage $\chi^2 = 0.46$ is lesser than the table value (9.49) and no significant association between the pre-test level of emotional competence to face domestic violence and bad habits of spouse $\chi^2 = 4.77$ is lesser than the table value (12.59). **Conclusion:** Information booklet was found to be effective in creating awareness on domestic violence among married woman and helped them to improve role recognition and emotional competence to face domestic violence positively.*

Keywords: Effectiveness, Role recognition, Emotional competence, Information Booklet on 'face domestic violence positively (for married women)'.

INTRODUCTION: Women hold a key position in the shaping of the next generation while women play an important role in the life of the family; some have become so oppressed by their husbands that they give up. The role of the woman is to be a teammate

with her husband in creating a home, and raising great children to function well in society (Michael Davis, 2011).

STATEMENT: A study to evaluate the effectiveness of planned nursing intervention to face the domestic violence positively, in terms of role recognition and emotional competence among married women at a selected area in Salem (2014).

OBJECTIVES: (1) To prepare and validate planned nursing intervention to face domestic violence positively for married women. (2) To assess and compare the pre-test and post-test score on role recognition to face domestic violence positively among samples, within and between experimental and control group. (3) To assess and compare the pre-test and post-test score on emotional competence to face domestic violence positively among samples, within and between experimental and control group. (4) To find association between pre-test level of emotional competence to face the domestic violence positively among experimental group with their selected demographic variables. [Duration of marriage, bad habits of spouse].

HYPOTHESES: (Level of significance at $P < 0.05$) **H₁:** The mean post-test score is higher than the mean pre-test score on role experimental group and control group. **H₂:** The mean post-test score is higher than the mean pre-test score on emotional competence to face domestic violence positively among samples of experimental group and control group. **H₃:** There is significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and the selected demographic variables. (**H_{3a}**- duration of marriage, **H_{3b}**-, bad habits of spouse).

METHOD: 1. Effectiveness: It refers to the difference between the mean post-test and mean pre-test score of development of role recognition and emotional competence to face domestic violence positively among samples. **2. Planned nursing intervention:** Nursing intervention is through conducting group teaching using a PowerPoint presentation for 30-45 minutes, to married women in groups. Then a booklet on 'Face Domestic Violence Positively [for married woman]', which is prepared by the researcher and content validated by experts is issued to the samples freely. By learning this booklet and practicing the given points in daily life helps in the development of role recognition and emotional competence to face domestic violence positively among women. [Annexure-X]. **3. Role recognition:** In this study role recognition refers to development of an assertive role to prevent and to face domestic violence positively with her spouse. It was measured by using 2 point scale and assessed by structured interview schedule. The total score were converted into percentage and were interpreted as 75-100% adequate, 50-74% moderate, 0-49% inadequate. **4. Emotional competence:** In this study, Emotional competence is described as the essential activity to recognise, interpret and respond constructively to emotions in her-self towards the components of spousal violence. It implies an ease around her spouse and others and determines her ability to effectively and successfully lead and express. It is measured by using structured interview schedule on emotional competence to face domestic violence positively among married women. Each statement has two options and each correct option carries 1 score. The total score were converted into percentage and were interpreted as 75-100% adequate, 50-74% moderate, 0-49% inadequate

In this study a quantitative study with evaluative approach, quasi experimental pre-test post-test with control group design was used. This study was conducted by using Imogene

King's goal attainment theory as conceptual framework. The study was conducted in community area, Kari patti, Salem. The total sample size was 60, 30 in each group. Non probability purposive sampling technique was used. Informed written consent was obtained from the samples. On Day 1 the demographic variables, level of domestic violence, role recognition and emotional competence to face domestic violence and responses of samples on role recognition and emotional competence to face domestic violence positively were assessed by using structured interview schedule from each group. on day 2, a group teaching on how to face domestic violence was carried out using powerpoint and information booklet on 'face domestic violence positively(for married women)' was issued to experimental group. On day 10, first follow up was carried out by motivating the samples to read and practice the booklet, and doubts in the booklet were clarified by the researcher. On day 18, second follow up was carried out same as that of first follow up. On day 28, post test was conducted.

FINDINGS: (1) Demographic variables: The analysis shows that in control group out of 30 samples, 15(50.0%) have been married between five to ten years of duration. In experimental group out of 30 samples, 16(53.0%) have been married between five to ten years of duration. In control group out of 30 samples, 9(30.0%) of their spouse have both the habits of smoking and alcoholism. In experimental group out of 30 samples, 12(40.0%) have both the habits of smoking and alcoholism.

2) Analysis of pre-test and post-test level of role recognition to face domestic violence positively.

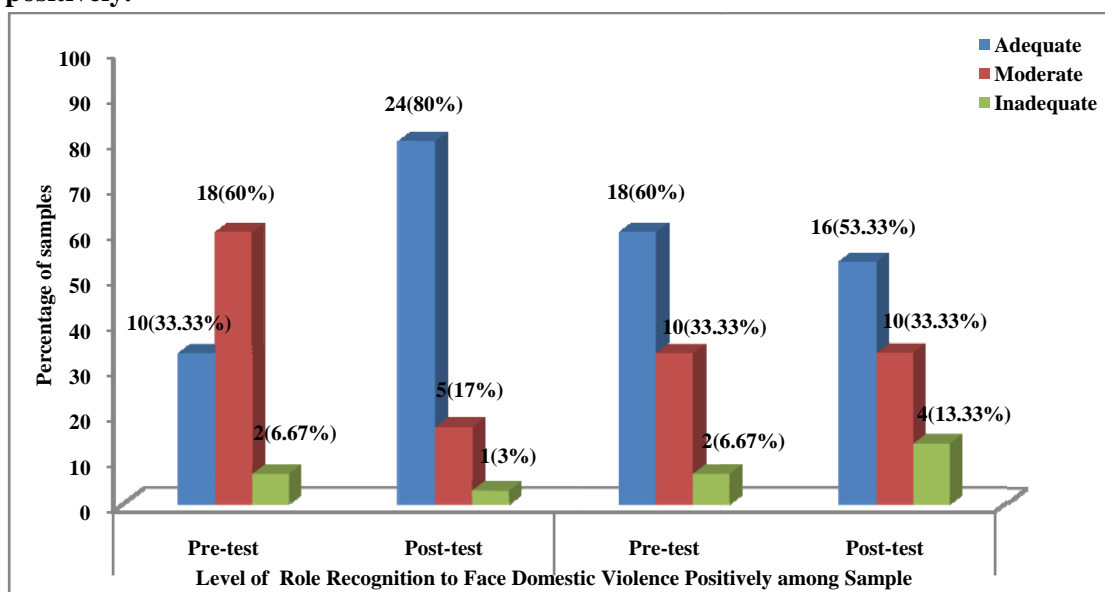


Figure-1: Bar diagram shows on percentage of samples based on the pre-test and post-test levels of role recognition to face domestic violence positively among experimental group and control group.

From figure-1, depicts that in control group during pre-test, 18(60.00%) subjects had adequate level of role recognition to face domestic violence positively. During post-test 16(53.00%) subject had adequate level of role recognition to face domestic violence positively. In experimental group during pre-test 18(60.00%) subjects had moderate level of role recognition to face domestic violence positively. During post-test 24(80%) subjects had adequate level of role recognition to face domestic violence positively.

3) Analysis of pre-test and post-test level of emotional competence to face domestic violence positively.

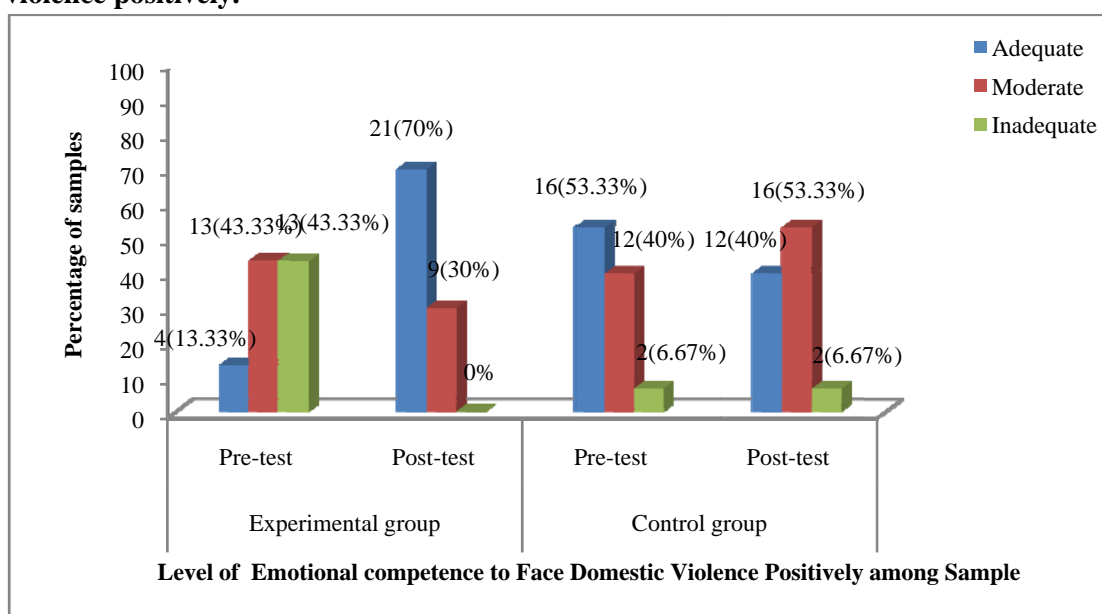


Figure-2: Bar diagram shows on percentage of samples based on the pre-test and post-test scores on emotional competence to face domestic violence positively among experimental and control group.

From figure 2, depicts that in control group during pre -test, 16(53.00%) subjects had adequate level of emotional competence to face domestic violence positively. During post -test, 12(40.00%) subjects had adequate level of emotional competence to face domestic violence positively. In experimental group during pre -test 4(13.00%) subjects had adequate level of emotional competence to face domestic violence positively. During post -test 21(70.00%) had adequate level of emotional competence to face domestic violence positively.

4) Compare the mean pre-test and post-test scores of role recognition and emotional competence to face domestic violence positively among married women.

The mean pre-test and post-test scores of role recognition and emotional competence to face domestic violence positively among married women are given as follows.

Table -1: Mean, SD, mean difference and paired t value of scores of role recognition and emotional competence to face domestic violence positively among married women.

$n_1=30, n_2=30$

	S. No	Group	Pre-test score		Post-test score		Mean difference	Paired t test
			Mean	SD	Mean	SD		
Role recognition	1	Control group	7.43	1.94	7.30	2.03	0.13	0.89 ^{NS}
	2	Experimental group	6.43	2.16	8.40	1.40	1.97	5.60*
		Unpaired t test	2.56*		2.58*			
Emotional competence	1	Control group	7.96	2.19	9.83	2.19	1.87	1.97 ^{NS}
	2	Experimental group	9.56	1.99	10.76	2.34	1.2	6.45*
		Unpaired t test	2.00		2.26*			

*Significance at $p < 0.05$ level; NS- Not Significant; Paired $t_{29} = 2.05$, Unpaired $t_{58} = 2.00$

The findings shows that the mean post-test role recognition and emotional competence score 8.40 and 10.76 were higher than pre-test role recognition and emotional competence score 7.30 and 9.83 between experimental and control group which is significant at $p < 0.05$ level of significance. Unpaired 't' value of role recognition score and emotional competence shows 2.58 and 2.26 which are significant at $p < 0.05$ level. Hence research hypothesis H_1 and H_2 are accepted. This indicated that information booklet was effective to improve the role recognition and emotional competence to face domestic violence positively among married women.

5) Association of pre-test level of emotional competence to face domestic violence positively with demographic variables.

The association of mean pre-test level of emotional competence to face domestic violence positively with demographic variables are given as follows.

Table.2: Chi-square association of pre-test level of emotional competence to face domestic violence positively with selected demographic variables among the samples of experimental group.

n=30

Sl. No	Demographic variables	χ^2 value	df	Table value P < 0.05 level
1	Duration of marriage	0.46	4	9.49 ^{NS}
2	Bad habits of spouse	4.77	6	12.59 ^{NS}

*Significant at $p < 0.05$ level NS-Non significant

There was no significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage $\chi^2 = 0.46$ is lesser than the table value (9.49) and no significant association between the pre-test level of emotional competence to face domestic violence positively and bad habits of spouse $\chi^2 = 4.77$ is lesser than the table value (12.59). Hence null hypothesis $H_{0(3)}$ was accepted.

6) Analysis of the response of samples on role recognition and emotional competence to face domestic violence positively in experimental group.

In pre-test 66.7% samples responded that ego of their spouse and alcoholism were the major source of domestic violence. In post-test, more than 60% samples responded that both husband and wife can equally be a source.

In pre-test, 60 % of samples shouted against their spouse when they faced verbal or physical abuse from their spouse, others tried to tolerate. In post-test, 80% samples tried to remain calm and speak in a positive soft tone during a quarrel.

In post-test, 75% of samples responded that they were satisfied with their role as a wife, which was 65.5 during pre-test. In pre-test, 60% of samples responded that their spouse behaviour will not change, whereas 70 % of samples in post-test shared positive statements on change of abusing behaviour of their spouse.

7. Analysis and percentage distribution of level of domestic violence among Married woman:

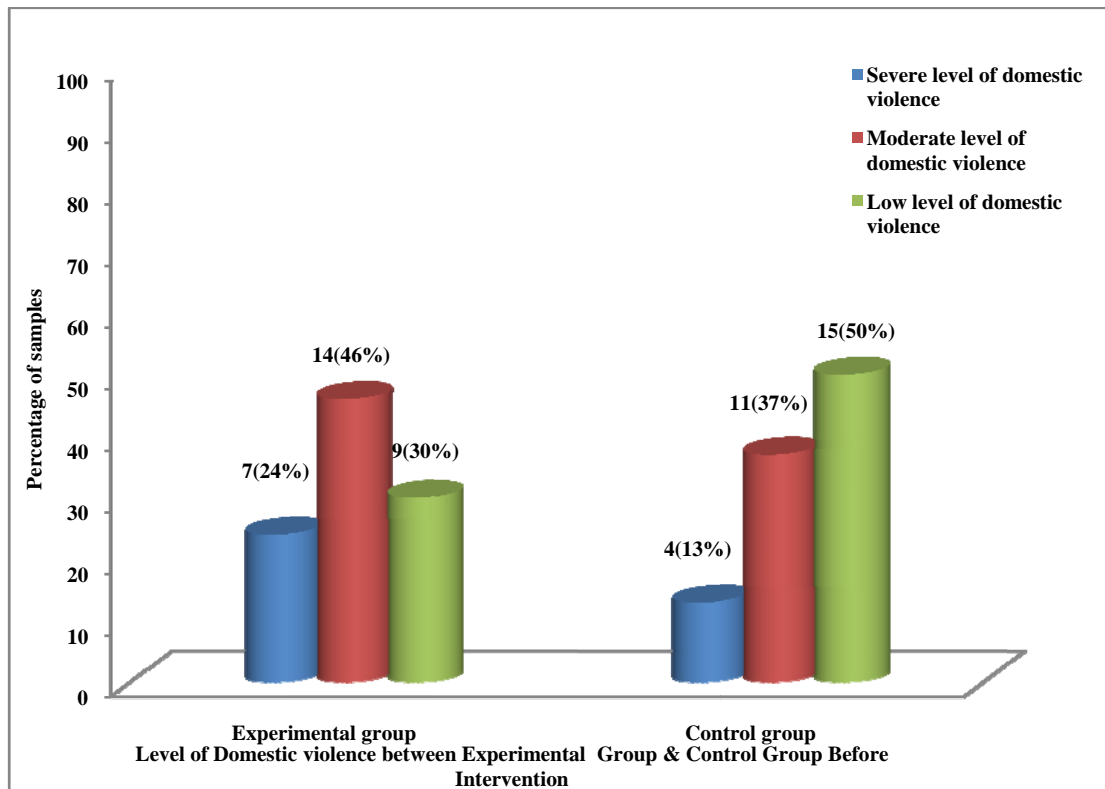


Fig-3: Cylinder diagram shows the level of domestic violence in control group and experimental group (Before intervention).

Fig.3 represents, before intervention, in control group 4(13.3%) had severe level of domestic violence and 11(37%) samples had moderate level of domestic violence and 15(50%) samples had mild level of domestic violence. In experimental group, 7(23%) samples had severe level of domestic violence and 14(46%) sample had moderate level of domestic violence and 9(30%) samples had mild level of domestic violence.

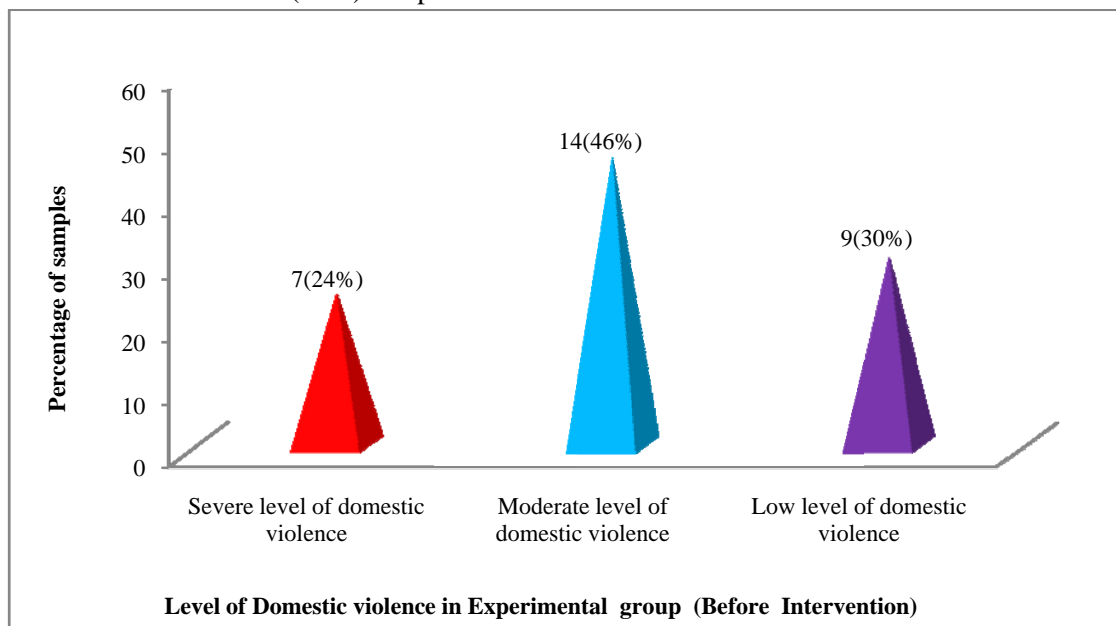


Fig-4: Cone diagram shows the Level of domestic violence in experimental group. (Before intervention)

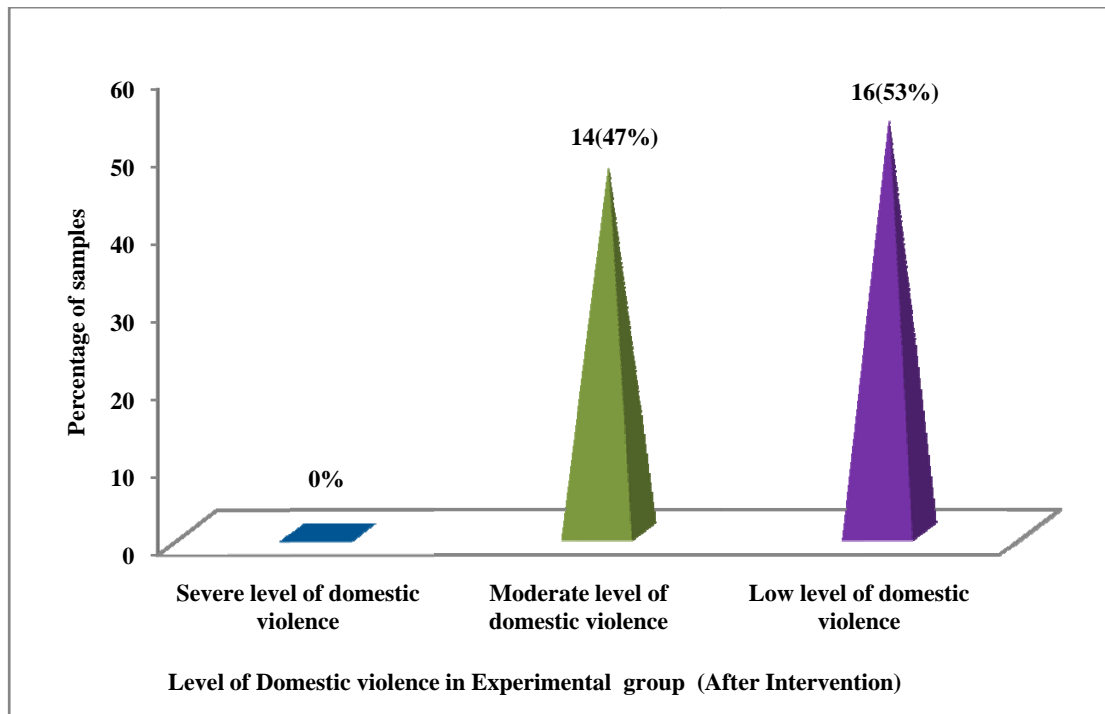


Fig-5: Cone diagram shows the Level of domestic violence in experimental group. (After intervention)

Figure 3- depicts the difference between the level of domestic violence, before and after intervention in experimental group. 14(46%) samples had moderate level of domestic violence, 16(53%) samples had mild level of domestic violence and no severe level of domestic violence, after intervention in experimental group.

DISCUSSION: **Ramadurai (2013)**, conducted a study on domestic violence in which, among 15-19 year olds in India, 57 percent of boys and 53 percent of girls find wife beating acceptable. This is troubling since research suggests that women who justify wife beating are also more likely to report being subject to domestic violence. **Madhabika B. Nayak, PhD(2010)** conducted a study on Partner alcohol use, violence and women's mental health: population-based survey in India. Data revealed that Partner violence and alcohol-related problems each partially mediated the association between partner excessive alcohol use and these mental disorders.

LIMITATIONS: (1) Generalizations of the study findings are limited in the samples only as the sample size is less. (2) Data were collected only through structured interview schedule.

CONCLUSION: The nursing intervention is found to be effective in promoting role recognition and emotional competence to face domestic violence positively among married women.

Reference:

1. Mary C.Townsend.(2007). Psychiatric mental health nursing, 1st Ed., F.A.Davis Company, Philadelphia, P. 250-256.
2. Rao V. Wife-beating in rural South India(1997): a qualitative and econometric analysis. Soc Sci Med.;44:1169–80. [PubMed].
3. Krishnan S. Gender, caste, and economic inequalities and marital violence in rural South India.Health Care Women Int. 2005;26:87–99. [PubMed].
4. [http:// www.ndvh.org/](http://www.ndvh.org/).
5. [http:// www.domestic-violence.org/](http://www.domestic-violence.org/)

INDEX

CHAPTER NO	CONTENT	PAGE NO
1	INTRODUCTION	1-12
1.1	Need for the study	3
1.2	Statement of the problem	7
1.3	Objectives	7
1.4	Hypotheses	8
1.5	Operational definitions	9
1.6	Assumptions	11
1.7	Ethical consideration	12
1.8	Delimitations	12
	Summary	12
2	REVIEW OF LITERATURE	13-26
2.1	Studies related to domestic violence towards married women.	13
2.2	Studies related to role recognition of married women to face domestic violence positively.	17
2.3	Studies related to emotional competence of married women to face domestic violence positively, women welfare and empowerment.	19
2.4	Conceptual framework based on King's Goal Attainment Theory.	21
	Summary	26
3	RESEARCH METHODOLOGY	27-40
3.1	Research approach	27
3.2	Research design	27
3.3	Setting of the study	28
3.4	Description of variables under study	29
3.5	Population	30
3.6	Sample	30
3.6.1	Criteria for sample selection	30

3.6.2	Sampling technique and sample size	31
3.7	Development, description , interpretation, content validity and reliability of tool	31
3.8	Pilot study	36
3.9	Data collection procedure	37
3.10	Plan for data Analysis	40
	Summary	40
4	DATA ANALYSIS AND INTERPRETATION	41-65
4.1	Presentation of the data	41
4.1.1	Distribution of samples based on the demographic variables.	42
4.1.2	Analysis and comparison of pre-test and post-test of role recognition to face domestic violence positively among samples.	46
4.1.3	Analysis and comparison of pre-test and post-test of emotional competence to face domestic violence positively among samples.	51
4.1.4	Association between the pre-test level of emotional competence to face domestic violence positively among samples and their selected demographic variables (duration of marriage and bad habits of spouse).	57
4.1.5	Analysis of the response of samples on role recognition and emotional competence to face domestic violence positively in experimental group.	61
4.1.6	Analysis and percentage distribution of level of domestic violence among samples.	62
	Conclusion	65
	Summary	65
5	DISCUSSION	66-71
6	SUMMARY, MAJOR FINDINGS, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSION	72-80
	REFERENCES	81-83
	ANNEXURES	i-cxxxvi

LIST OF TABLES

TABLE NO	TITLE	PAGE NO
4.1	Frequency and percentage wise distribution of samples based on their demographic variables.	43
4.2	Distribution of Mean, Standard Deviation, Mean Difference And Paired 't' value and Unpaired 't' value of scores on role recognition to face domestic violence positively among samples .	50
4.3	Distribution of Mean, Standard Deviation, Mean Difference And Paired 't' value and Unpaired 't' value of scores on emotional competence to face domestic violence positively among samples	55
4.4	Chi square value on pre-test level of emotional competence to face domestic violence positively and their duration of marriage.	59
4.5	Chi square value on pre-test level of emotional competence to face domestic violence positively and the bad habits of spouse.	60

LIST OF FIGURES

FIGURE NO	TITLE	PAGE NO
2.1	Conceptual framework based on King's Goal Attainment Theory used on effectiveness of Nursing Intervention to face domestic violence positively in terms of role recognition and emotional competence among samples.	25
3.1	Schematic representation of research design	28
3.2	Schematic Representation of Data Collection Procedure	39
4.1	Bar diagram shows the percentage wise distribution of samples based on the pre-test and post-test levels of role recognition to face domestic violence positively among samples of experimental group and control group.	48
4.2	Bar diagram shows the percentage wise distribution of samples based on the pre-test and post-test levels of emotional competence to face domestic violence positively among samples of experimental group and control group.	53
4.3	Bar diagram shows the level of domestic violence in control group and experimental group before intervention.	63
4.4	Bar diagram shows the level of domestic violence in experimental group before and after intervention.	64

LIST OF ANNEXURES

ANNEXURE NO	TITLE	PAGE NO
I	Letter seeking permission to conduct research study	I
II	Letter seeking experts opinion for content validity of the tool and independent variables	Ii
III	List of experts validated the tool and independent variables	Iii
IV	Evaluation criteria for content validity of the tools and independent variables	Iv
V	Percentage of agree/disagree (validation of tools and independent variables	xvi
VI	Content validity certificate	Xxvii
VII	Final tool and independent variable after content validity (English and Tamil version)	Xxviii
VIII	Lesson plan on ‘face domestic violence positively (for married women)	xlvi
IX	Information booklet (English & Tamil)	xcvi
X	Written Informed Consent Form.	cxxxv

CHAPTER- I

INTRODUCTION

If you find a wife, you have found something good.

[Proverbs 18.22]

Marriage [also called as Wedlock] is a socially recognized union or legal contract between spouse that establishes rights and obligations between them and their children.

Traditionally in an Indian family, the wife is typically dependent, submissive, compliant, and non-assertive and need to please her husband first. Women are entrusted with the responsibility of looking after the home and caring for the children and the elderly parents and relatives. Now a day, there has been a substantial increase in the number of middle- and upper-class women working to supplement their husbands' incomes. Cultural and household stress factors contribute to the prevalence of domestic violence.[**Wikipedia ,the domestic violence in India, 2014**].

Domestic violence is one of the most serious issues that affect the lives of millions of women in the world. Domestic violence is not a new problem; in fact, it is considered to be, probably as old as humankind and has been documented as far back as Biblical times. (**Dickstein & Nadelson, 1989**).

Domestic violence is about one person in a relationship using a pattern of behaviours to control the other person.Domestic violence also known as domestic abuse, spousal abuse, family violence and intimate partner violence (IPV) can be broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship. It

can happen to people who are married or not married; living together or separated. Domestic violence in India is endemic and widespread predominantly against married women (**Martin Sandra, 1999**).

Domestic violence; the facts, 1996, says 95% of victims of domestic violence are women and 5% of the victims are men. Domestic violence can happen to any woman, regardless of age, gender, sexuality, employment status, religion, race or culture, income, lifestyle or area of residence. Domestic violence often goes unnoticed, as it often occurs within the four walls of a home. Many do not realise that they are in an abusive relationship. More than 95% of Indian women believe that spousal abuse is tolerable. Men reported that hitting his wife is acceptable if she disrespected their parents.

Most women feel reluctant to speak about domestic violence in public or to even to a close person. Abuse or violence of any type wounds deeply and can destroy the women's self-esteem. This is especially true when abuse is psychological rather than physical. [<http://www.ndvh.org>].

Domestic violence is the single greatest cause of injury to women. Domestic violence may include physical assault (hitting, pushing, shoving, etc.), sexual abuse (unwanted or forced sexual activity), and stalking. Although emotional, psychological and financial abuses are not criminal behaviours, they are forms of abuse and can lead to criminal violence. (**Elsberg Mary, 2008**)

Psychological abuse can erode a woman's sense of self-worth and can cause harm to overall mental and physical wellbeing. Emotional/psychological abuse can include harassment, threats, verbal

abuse such as name-calling, degradation and blaming; stalking and isolation. Women who experience domestic violence overwhelmingly tends to have greater overall emotional distress, as well as disturbingly high occurrences of suicidal thoughts and attempts.(**Mary C. Townsend**)

The abusing spouse may have suffered violence in childhood and often come from backgrounds in which violence is frequent. Stress factors for domestic violence may include poverty, low educational attainment, and having multiple children, alcoholism and dowry. Violence by men towards their wives is much more frequent, physically more serious and more often reported. (**Michael Gelder, Oxford University, 2008**)

If more families receive more information on how to break the cycle of violence, before violence happens, it will allow families to overcome ‘problems’ that leads to domestic violence. By teaching children at a young age that it is not acceptable to use violence against a partner, we can help to break the cycle of abuse. Schools can also initiate on anti-domestic violence education. The level of civilization that any society has reached can be measured by the degree of freedom, respect and role given to women.

1.1. NEED FOR THE STUDY:

World Health Organisation study on Women’s Health and Domestic Violence against Women, (2005) collected data from over 24,000 women in 10 countries representing diverse cultural settings. 15% to 71% of women had ever experienced violence by an intimate partner in their lifetime.

According to **UNICEF'S Global Report Card on Adolescents 2012**, 57% of boys and 53% of girls in India think a husband is justified in hitting or beating his wife.

National Crime Records Bureau, [2012], reveals that a crime against a woman is committed every three minutes, a woman is raped every 29 minutes, a dowry death occurs every 77 minutes and one case of cruelty committed by either the husband or relative of the victim occurs every 9 minutes. This all occurs despite the fact that women in India are legally protected from domestic abuse under the protection of women from Domestic Violence Act.

According to a study by the **National Centre for Biotechnology Information [2009]**, suicide attempts in India are correlated with physical and psychological intimate partner violence. Of the Indian women who participated in the study, 7.5% reported attempting suicide.

A study published by **the American Journal of Epidemiology (1999)** identified so-called “stress factors” that are critical to understanding varying rates of domestic violence. These stress-related factors within the household include low educational attainment, poverty, young initial age of marriage, having multiple children, and other limiting engendered development factors.

In a 2000 multi-site household survey conducted in India, it was found that approximately 50% of women surveyed had experienced some form of domestic violence throughout their married life, the rates varied significantly by specific location as well as overall region. In rural areas and urban slums, that rate was approximately 55%, whereas in urban non-

slum areas the rate was less than 40%. (**International Center for Research on Women, March 2013**)

Many battered women report that physical violence is much less damaging than the accompanying emotional abuse. Relentless emotional and psychological violence destroys and isolates women (**Boyd & Macker, 2000**). Threats of violence against the woman and her loved ones are among the tactics that the batterer uses to enforce the woman's submission and secrecy. (**King & Ryan, 2004**)

Abuse of any type permanently changes the survivor's construction of reality and the meaning of her life. It wounds deeply and can damage or destroy survivor's self-esteem. Many women are afraid or reluctant to identify their abusers. In other cases, they continue to hold strong feelings for their partners, despite the abuse. (**Krista M. Heinersmann Ph.D., 2008**)

The typical abuser is usually emotionally immature and needy, has strong feelings of inadequacy and low self-esteem, has poor problem solving and social skills, and is irrationally jealous and possessive. Therefore the violent behavior is often rewarding to him and boosts his self-esteem. The trait most commonly found in abused wives who stay with their husbands is dependency (personal and financial dependency) (**Sheila L. Videbeck, 2001**)

Findings emphasize that ending a relationship does not end violence. (**Fishwick, et.al., 2004**). Educating in identification, intervention and quick action to refer the victim for medical evaluation and treatment can be a small public health step towards major epidemiological problem. (**H. Mythiri, 2013**)

Participation of women in the decision making process is a measure rod to test the gender balance we keep at all level of human interactions. A woman is appreciated in a family if she contributes to the family income. But she hardly plays any role in decision making. Fostering a climate of understanding and mutual respect for the dignity and worth of each person would help in fulfilling the aspiration of ensuring gender justice. **(Navia Sebastian, 2004)**

According to the latest data of **National Crime Records Bureau**, Tamil Nadu registered 3,838 cases of domestic violence in 2012-or 84% of all complaints (4,567) of domestic violence recorded across the country. Last year too (2013), 3,983 cases were recorded in Tamil Nadu. **(Sindhu Kannan, Times of India, Aug- 19, 2013)**

The duties of the wife were narrowed down to two things. The first thing a good wife must fulfil is to help her spouse and the second thing a woman must do is reverence her husband. **(Dr. Tony Evans, 2002)**

Emotional competence can be defined as the functional capacity wherein a human can reach their goals after an emotion-eliciting encounter. She also defined emotion as a set of skills achieved which then lead to the development of emotional competence. **(Dr.Saarni and Esther Cherland, 2002)**

Increasing emotional competence improves psychological and physical wellbeing, social relationships. Both husband and wife need to have a healthy degree of emotional competence to have a healthy relationship. Before choosing a partner, one should find if he or she is emotionally competent or he or she is a blamer. **[Mark Banschick, 2011]**

Both mother and father have a necessary and important role in the lives of their children. A home that is safe where children can grow mentally, emotionally, physically and spiritually, requires faith and the best efforts of the parents working together. In such a home, children learn to love and serve other.[[http:// mormon.org/faq/role-of-husband-wife](http://mormon.org/faq/role-of-husband-wife)]

Researcher has personally witnessed domestic violence in families during her community visits. Also based on the reviews and researcher's own interest motivated her to conduct a study on domestic violence and how to face it positively. Hence, the researcher planned to conduct a group teaching and prepare an information booklet. Moreover, the study findings can help the community mental health nurse to create awareness among married women in community area and can plan for preventive programs in future.

1.2. STATEMENT OF THE PROBLEM:

A study to evaluate the effectiveness of planned nursing intervention to face the domestic violence positively, in terms of role recognition and emotional competence among married women at a selected area in Salem.

1.3. OBJECTIVES:

1. To prepare and validate planned nursing intervention to face domestic violence positively for married women.
2. To assess and compare the pre-test and post-test score on role recognition to face domestic violence positively among samples, within and between experimental and control group.
3. To assess and compare the pre-test and post-test score on emotional competence to face domestic violence positively among samples, within and between experimental and control group.

4. To find association between pre-test level of emotional competence to face the domestic violence positively among experimental group with their selected demographic variables. [Duration of marriage, bad habits of spouse].

1.4. HYPOTHESES: (Level of significance $P < 0.05$)

- H₁:** The mean post-test score is higher than the mean pre-test score on role recognition to face domestic violence positively among samples of experimental group and control group.
- H₂:** The mean post-test score is higher than the mean pre-test score on emotional competence to face domestic violence positively among samples of experimental group and control group.
- H₃:** There is significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and the selected demographic variables (duration of marriage, bad habits of spouse).
- H_{3(a)}:** There is a significant association between the mean pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage.
- H_{3(b)}:** There is a significant association between the mean pre-test level of emotional competence to face domestic violence positively among samples of experimental group and the bad habits of spouse.

1.5. OPERATIONAL DEFINITIONS:

1.5.1. Effectiveness:

It represents the outcome of nursing intervention among samples. It refers to the difference between the mean post-test and mean pre-test score of development of role recognition and emotional competence to face domestic violence positively among samples.

1.5.2. Planned nursing intervention:

It refers to systematically organised nursing intervention regarding how to face domestic violence positively. Nursing intervention is through conducting group teaching using a PowerPoint presentation for 30-45 minutes, to married women in groups. Then a booklet on 'Face Domestic Violence Positively [for married woman]', which is prepared by the researcher and content validated by experts is issued to the samples freely. By learning this booklet and practicing the given points in daily life helps in the development of role recognition and emotional competence to face domestic violence positively among women. [Annexure-VIII].

1.5.3. Domestic violence:

Domestic violence is about one person in a relationship using a pattern of behaviours to control the other person. In this study domestic violence refers to abuse experienced by the married woman from her spouse. The four types of domestic violence discussed in this study are,

a. Physical abuse:

Physical abuse is the use of physical force against married women by spouse in a way that injures or endangers that person. The scope of spouse includes slapping, pushing, kicking, biting, hitting, throwing objects, strangling, beating, threatening with any form of weapon or using a weapon.

b. Psychological abuse (includes verbal abuse, relationship abuse):

The spouse controls and dominates as if the wife's feelings, needs, opinions, beliefs are devalued, isolation, crazy-making, humiliating and degrading behaviours. The verbal abuse includes threats, yelling or shouting, insulting the wife and her family, mocking, name-calling, leaving nasty messages. This result in lack of self - worth, self- esteem and self- confidence, the depression, anxiety and the feelings of guilt for the women.

c. Financial abuse:

Money becomes a tool by which the abuser can further control the victim. In this study, it refers to the abuser rigidly controlling the finances, making the victim to account for every penny she spends, stealing from the partner and preventing from working.

1.5.4. Role recognition:

Role recognition means the action or process of recognizing or being recognised in particular of her role, appreciation or acclaim for an achievement, service or ability. In this study role recognition refers to development of an assertive role to prevent and to face domestic violence positively with her spouse. It was assessed by using 2 point scale.

1.5.5. Emotional competence:

Emotional competence refers to one's ability to express or release one's inner feelings (emotions). In this study, Emotional competence is described as the essential activity to recognise, interpret and respond constructively to emotions in her-self towards the three components of spousal violence. It implies an ease around her spouse and others and determines her's ability to effectively and successfully lead and express.

1.5.6. Married women:

Married-women refer to women who are married and under the age group of 19 to 45 years of age.

1.5.7. Selected area:

The selected area is the general physical location in which data collection takes place. For this study, the area selected for data collection is the community area in Karri Patti at Salem. It is 15 kms from Shanmuga College of Nursing.

1.5.8. Demographic variables:

(a) Duration of marriage:

It refers to the number of years or months or days the woman has been married. . In this study it refers to less than five years, five to ten years or more than ten years.

(b) Bad habits of spouse;

It refers to the unwanted ill habits of spouse that are not socially accepted. In this study it refers to alcoholism and smoking habits of spouse.

1.6. ASSUMPTIONS:

1. Domestic violence may be high among married women especially in rural areas.
2. Many married women may lack in role recognition and emotional competence to face domestic violence positively.
3. Planned nursing intervention can be effective to develop role recognition and emotional competence to face domestic violence positively among married women in rural area.

1.7. ETHICAL CONSIDERATIONS:

1. The ethical clearance was obtained from the ethical committee of Shanmuga College of Nursing, Salem.
2. Informed written consent was obtained from the individual samples enrolled in the study.
3. All information obtained from the samples was kept confidential and used only for the present study.
4. Privacy was maintained among the samples throughout the study.

1.8. DELIMITATIONS:

1. Data collection period was delimited to six weeks.
2. The study was delimited to 60 samples.
3. This study was delimited to married women.

SUMMARY

This chapter dealt with the contents of introduction about domestic violence, need for the study, and statement of problem, objectives, hypotheses, operational definitions, assumptions, ethical considerations and delimitations.

CHAPTER- II

REVIEW OF LITERATURE

Review of literature is an extensive, systemic selection of potential sources of previous work acquainted with facts findings after securitization and location of reference to the problem under study. It is helpful in understanding and developing insight into the selected problem understanding and also asked to develop a conceptual framework for the study.

The literature review is sectioned under the following headings:

Section-1: Studies related to domestic violence towards married women.

Section-2: Studies related to role recognition of married women to face domestic violence.

Section-3: Studies related to emotional competence of married women to face domestic violence, women welfare and empowerment.

Section-4: Conceptual frame work based on Imogene King's Goal Attainment Theory.

2.1. SECTION -1: Studies related to domestic violence towards married women.

International Centre for Research on Women, Washington, DC. (2002) conducted a study on domestic violence in India: The study covered the following states, namely Punjab (n=250 males), Tamil Nadu (n=235 married men), Rajasthan (n=486 married men), and Delhi (n=40 married men). Around 85% men reported of being engaged in at least one violent behaviour (control behaviour, emotional, sexual and physical

violence) in the past 12 months. The most common violent behaviours were slapping and hitting, forced sex, shouting, etc., and overall 24.7% men reported all forms of violence. Violence was more prevalent among lower classes, those who had less education, those with irregular employment.

Rocca CH, et al., (2002) from Women's Global Health Imperative (WGHI), RTI International (Research Triangle Institute] conducted a study to examine the relationships between factors that are often considered to be social and economic resources for women and recent occurrence of domestic violence. Data were collected from 744 young married women in slum areas of Bangalore, India, to determine factors associated with having been hit, kicked or beaten by one's husband in the past 6 months. Over half (56%) of the study participants reported having ever experienced physical domestic violence; about a quarter (27%) reported violence in the past 6 months.

Panda, Pradeep Kumar. (2003) conducted a study on Right-based strategies in the prevention of domestic violence, Thiruvananthapuram : The study covered 500 households : 300 rural and 200 urban; comprising 502 women : 302 rural and 200 urban women, between 15-49 years of age. Of the 443 women in the survey, 29% women (127 women) experienced slapping, kicking, hitting or forced sex during the last 12 months. Half of the women (218 women) had been subjected to any one of the psychological abuses in the last 12 months. 36% (46 women) experienced four of these five behaviours, and 58% (74) experienced at least two of these behaviours. The study suggests that 'right to housing' and 'right to property and inheritance' are most fundamental for prevention of domestic violence. Social support

networks, especially of the natal family, neighbours, NGOs, and Self Help Groups (SHGs), etc. can help in changing attitudes, and also help women acquire immovable assets.

V.R.S.Kavitha, (2012) Violence against women and girls continues to be a global epidemic that kills tortures and maims physically, psychologically, sexually and economically. A wide range of aggressive behaviors are examples of abuse including hitting, forced sexual intercourse, harassment, extreme possessiveness, isolating the woman from her family and friends, withholding financial resources, physical damage to her body and murder. Domestic violence affects both men and women; however, women are more commonly the victims of domestic violence.

Shubakumar, et. al., (2005) concluded in their study on domestic violence that among 9938 subjects, 40% of Indian women have experienced some sort of spousal violence during their marital life and that has led to poor mental health.

Mahalick, (2005) states that, some husbands in slum areas desert their wives in a helpless condition. While their wives lead a miserable condition with their children, they lead a happy life by getting re-married to some other women. Most of the couples of slums are low paid labourers and daily workers, in conditions of poverty and deprivation. The situation gets complicated when they give birth to two or three children. There is no peace in family due to acute poverty. Consequently the men choose the safest way of deserting their families and develop illicit relationship with other women living in the same slum or some other slums and get remarried.

Koenig, et.al., (2006), after examining 4520 subjects concluded that the women from high socioeconomic status were found to be quite protected against physical but not sexual violence which is due to the household economic pressure, childlessness and husband's extra-marital relations.

Devi and Prema, (2006) explain that the main cause of domestic violence against women are unequal power relations, gender discrimination, patriarchy, economic dependence of women, dowry, low moral values, negative portrayal of women's images in media, no participation in decision-making, gender stereotypes and a negative mind set. There are various manifestations of violence, which includes beating, mental torture, forced pregnancy, female infanticide, rape, denial of basic necessities and battering. The increased economic insecurity, unemployment, poverty, alcoholism, lack of mutually satisfying relationship and lack of a sense of belonging are the reasons for the increased domestic violence.

Kapadia, (2007) studied the occurrence of physical violence experienced by young married women at the hands of their husbands. This study also examines linkages between gender role expectations and physical violence in two low-income settings in Maharashtra. Their analysis of two low-income settings indicate two patterns of initiations of physical violence in young married women i.e. within six months of marriage and after the birth of the first child.

AudiNarayana, (2011) in his analysis of NFHS-III2005– 2006 data (among 3836 women) in Tamil Nadu, reported that spousal physical violence is 42% among the age group of 30-49 years residing in rural areas that lack education. The study reported that partner's frequency of

alcohol consumption and the father ever beat mother are the most significant factors influencing physical and emotional violence at a greater level. .

Flanzer, (1993) states that many researchers believe that alcohol operates as a situational factor, increasing the likelihood of violence by reducing inhibitions, clouding judgement and impairing an individual's ability to interpret cues

2.2.SECTION-2: Studies related to role recognition of married women to face domestic violence.

Sundar, Sumithra, (1991) conducted a study on Wife abuse, a study of the influencing factors and its consequences. The study recommended that appropriate prevention and awareness efforts should be initiated and continued such as wide publicity campaigns should be undertaken in which mass media can play a vital role. It was suggested preventive education programmes should be organized for young men and women of marriageable age. The content of these education programmes for girls should include training in family life education, behaviour and social skills.

Robert C.Carson, [2000], in his book on Abnormal Psychology & Modern Life, he explained that in Couples counselling, most therapists emphasize on mutual need gratification, social role expectations, communication patterns & similar interpersonal factors. Behaviour therapy has also been used to bring about desired changes in marital relationships. Here the spouses are taught to reinforce instances of desired behaviour while withdrawing reinforcement for undesired behaviour. He also included that according to humanistic perspective, it is not a means of moving an individual from maladjustment to

adjustment, but of fostering growth toward a socially constructive & personally fulfilling way of life. It is to encounter groups, providing awareness training and other experimental techniques for promoting individual growth, building satisfying relationships and finding effective methods of coping.

Barbara Rainey, [2002] in her writing on 'role of a wife', based on Bible quoting's, she illustrates wives have unique God-given responsibilities and women today need a clear understanding of how they should relate to their husbands. In fact, the significant social changes brought about by the women's movement over the last few decades have led to such confusion that the very idea of "roles" is repugnant to some. The author also insists on wives to Be a helper to their husband, Respect their husband by listening to him, being a good companion, to Love their husband and to Submit to the leadership of their husband.

Sunny, Celine, et al. (2005) states that in her study, as the age of husband increased, wife abuse decreased; education of the wife was not related to wife abuse. As the number of years the wife lived with her husband increased, abuse decreased. The study also found that as the number of children in the family increased, wife abuse decreased.

Black, et.al, (1999), explains that Regular alcohol consumption by the husband, harassment by the in-laws, exposure to harsh physical discipline during childhood and witnessing father beating the mother during childhood were other factors that were strongly associated with increased risk of poor mental health, all of which have been well documented.

Amos W, (1999), Culture does influence the relationship between the various groups in society and some cultural practices, beliefs and traditions have had the tendency to relegate women to second class status in society thereby not only violating their rights as human beings [but also] leading to discrimination against women. Some customs and cultural practices have found their way not only into law but [are used] as justification for violence against women.

Silveryn, et.al, (1995), proves from various published articles that there is strong evidence of long-term psychological effects on women who remember violence between their parents. Such women were diagnosed as having low self-esteem, depression and poor social competence.

2.3.SECTION-3: Studies related to emotional competence of married women to face domestic violence, women welfare and empowerment.

Aparna Mathur [2014], conducted a study on Women through Employment, Earnings and Wealth in India, using data from the National Family Health Survey and the India Human Development survey. She identified wife beating is less commonly reported by women with higher levels of earnings than women with lower levels of earnings, while working is not associated with a reduction in the probability of experiencing violence .

Jordi Quoidbach, (2011) conducted a study on ‘Increasing Emotional Competence Improves Psychological and Physical Well-Being, Social Relationships, and Employability’. Results of Study 1 showed that 18 hrs. of training with e-mail follow-up was sufficient to significantly improve emotion regulation, emotion understanding, and overall Emotional competence. These changes led in turn to long-term

significant increases in extraversion and agreeableness as well as a decrease in neuroticism. Results of Study 2 showed that the development of Emotional competence brought about positive changes in psychological well-being, subjective health, quality of social relationships, and employability.

Linda M, [2006] conducted a study on emotional competence and marital satisfaction on Thirty-seven couples. This study examined the relationship between elements of emotional competence and marital satisfaction Findings suggest that emotional awareness is particularly relevant to relational outcomes. Emotions are a critical element in close interpersonal relationships.

Devi (2005) , in her study on Domestic violence in India, stated Capacity building, awareness generation and developing leadership skills among women can help them gain confidence to raise a voice against violence and assert their rights.

Heise & Garcia-Moreno, (2002), states that domestic violence is an all-pervasive, serious social malady with major public health implications. It is physically and psychologically damaging, often with long-term consequences. In this study, the risk of poor mental health was higher among women who had experienced domestic spousal violence compared with those who had not. This supports findings from other studies, which have shown that a history of being the target of violence puts women at increased risk of depression, suicide attempts, psychosomatic disorders and physical injury).

Townsend Mary C [2000], stated as, studies show that the more a family uses the democratic means of conflict resolution, the less likely

they are to engage in physical violence. Families need to learn to deal with problems in ways that can produce mutual benefits for all concerned, rather than engaging in power struggles among members.

Rocca CH, et al. [Research Triangle Institute] conducted a study to examine the relationships between factors that are often considered to be social and economic resources for women. They concluded that efforts to help women empower themselves through vocational training, employment opportunities and social groups need to consider the potential unintended consequences for women, who are at an increased risk of domestic violence.

2.4. SECTION-4: Conceptual Framework Based on Imogene King's Goal Attainment Theory

Conceptual frame work is group of concepts and set of proposition that spells out the relationship between them. Conceptual frame work place several interrelated roles in the progress of science. Their overall purpose is to make findings meaningful and generalisable. Conceptual framework facilitates communication and provides for a systemic approach to nursing research, education, administration, and practice. The conceptual frame work selected for this study is based on “Imogene king's goal attainment model”. The theory focuses on interpersonal systems and reflects Kings Belief related to the practice of nursing and is differentiated from that of other health professional by what nurses do with and for individual. The major elements in the theory of goal attainment theory are seen in the interpersonal systems in which two people who are usually strangers, come together in a health care organization for help and be helped to maintain a state of health that permits functioning in roles.

The study is based on Imogene King's goal attainment theory which was most relevant to the present study to assess the effectiveness of Information Booklet on 'face domestic violence positively [for married women] in terms of role recognition and emotional competence among married women in selected area at Salem. In this study the researcher and samples mutually set the goal. The researcher was prepared modified conceptual framework based on King's goal attainment theory.

The main concepts of Imogene king's open system are:

Perception:

Perception is a process by which people translate sensory impressions into coherent and unified manner view of the world around them.

In this study the researcher was perceived the need to provide information booklet on 'face domestic violence positively [for married women]' in order to improve the role recognition and emotional competence to face domestic violence among married women.

Judgement:

The ability to judge, makes a decision, or forms an opinion objectively, authoritatively, and wisely, especially in matters affecting action; good sense; discretion.

In this study the researcher judged the need to provide information booklet on 'face domestic violence positively[for married women]. It can improve the role recognition and emotional competence to face domestic violence among married women.

Action:

Each member of the dyad makes judgment and thereby action follows to attain the goal.

In this study the researcher need to prepare structured interview schedule and questionnaire to assess responses of sample on domestic violence, role recognition and emotional competence to face domestic violence.

Mutual Goal Setting:

Mutual goal setting is a process that leads to goal attainment. It is a dynamic process by which goal directed choice of perceived alternatives is made and acted upon by individuals or groups to answer a question and attain a goal.

In this study both the researcher and participants understood their goal and action mutually. The main goal in this study was to improve role recognition and emotional competence to face domestic violence positively.

Reaction:

Reaction is the individual plan together and moves towards goal attainment.

In reaction stage the researcher conducted pretest and assess the level of domestic violence, role recognition and emotional competence to face domestic violence.

Interaction:

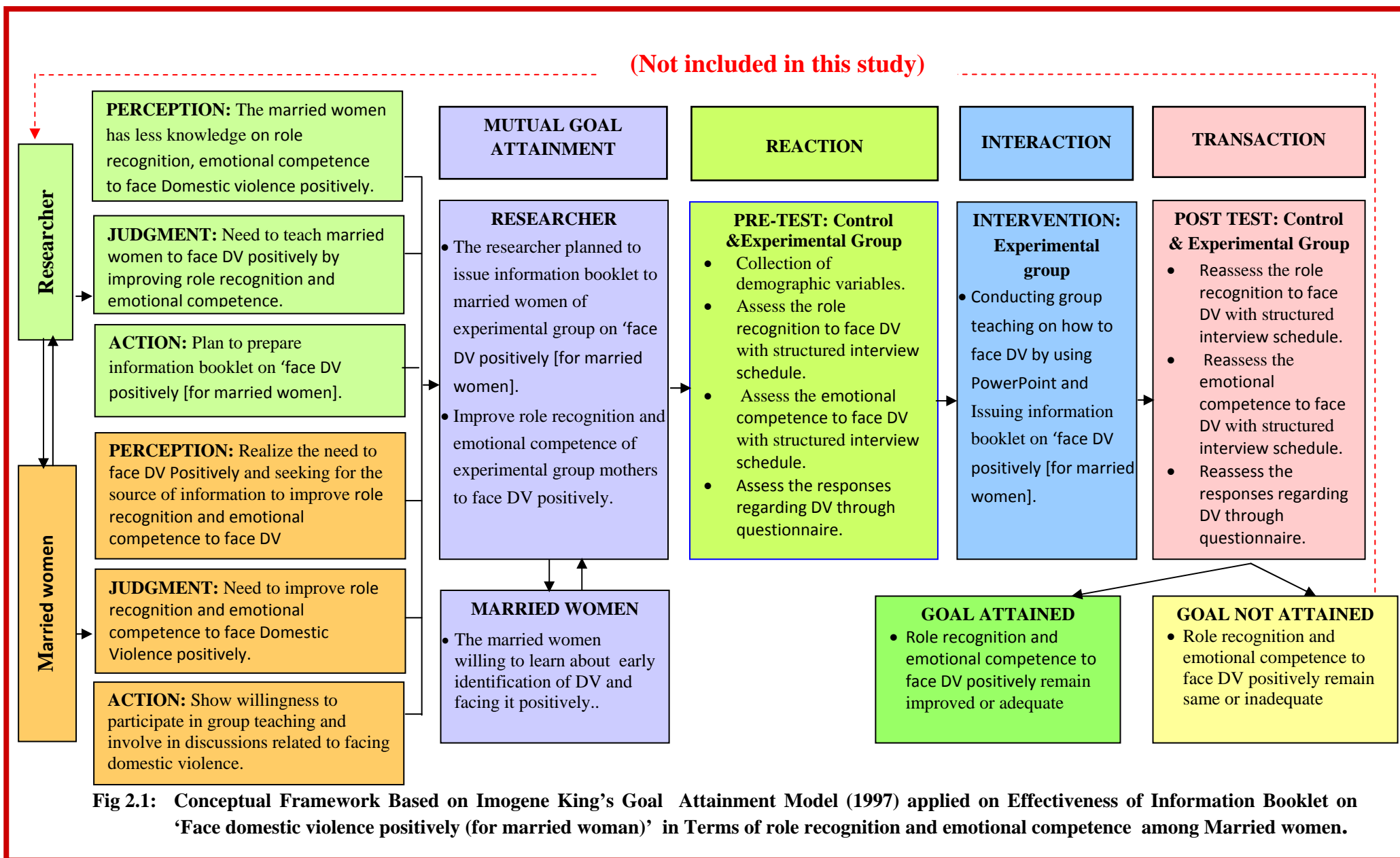
The act of two or more persons in mutually presence, a sequence of verbal & nonverbal behaviors that are goal directed.

In this study the researcher & the participants or samples interacted each other. The researcher conducted group teaching using power point on domestic violence and how to face it, and issued an information booklet on ‘face domestic violence positively [for married women] in order to improve the role recognition and emotional competence among married woman.

Transaction:

The process of interaction in which human beings communicate with the environment to achieve goal that are valued goal directed human behaviors.

In this stage the researcher planned to assess the effectiveness of nursing intervention{information booklet on ‘face domestic violence positively [for married women]’} in terms of role recognition and emotional competence among married women. The effectiveness can be identified by conducting posttest through which the improvement of role recognition and emotional competence among married women was compared with pretest scores.



SUMMARY

This chapter dealt with review of literature related to the domestic violence, role recognition and emotional competence to face domestic violence positively among married women and King's Goal Attainment Theory as conceptual framework.

CHAPTER- III

RESEARCH METHODOLOGY

Methodology of research organizes all the components of study in a way that is most likely to lead to valid answers to the problem that have been posed- **Burns and Groove, (2002)**

In this chapter the researcher intended to discuss the research design, research setting, population, sample and sampling technique, selection and development of the tool, description of the tool, validity of the tool, reliability of the tool followed by development of information booklet, pilot study, and data collection procedure plan for data analysis

3.1. RESEARCH APPROACH:

The selection of research approach is a basic procedure for conducting a research study. In view of nature of the problem selected for the study and objectives to accomplish a quantitative study with evaluative approach was considered as appropriate research approach for the present study.

3.2. RESEARCH DESIGN:

The term research design refers to the plan of the scientific investigation; research design helps the researchers in the selection of subjects, Identification of variables, their manipulation and control, observations to be made types of statistical analysis to interpret the data. The overall plan for addressing a research question includes specification for overall the integrity of the study. **Polit and Beck, (2008)**

The research design selected for the present study is **quasi experimental pretest posttest with control group design.**

Group	Day 1	Day 2	Day		Day 28
			10 th	18 th	
Experimental group	O ₁	X	X'	X''	O ₂
Control group	O ₁	X	X'	X''	O ₂

Fig-3.1: Schematic representation of research design

Key:

- O₁: Pre-test assessment of the role recognition and emotional competence to face domestic violence for samples by interview schedule.
- X: Conducting group teaching and Issuing information booklet on 'Face Domestic violence Positively' to samples [Nursing Intervention].
- X': First follow up of nursing intervention.
- X'': Second follow up of nursing intervention.
- O₂: Post-test assessment of the role recognition and emotional competence to face domestic violence for samples by interview schedule.

3.3. SETTING OF THE STUDY:

The study setting is the general physical location in which data collection takes place. **Polit and Beck, (2004)**

The selection of these areas was done at the basis of feasibility of conducting study and availability of samples. The setting of the study was a community rural area in Karripatti at Salem. It is a community adopted centre and Shanmuga Health Centre was located in this area. It is 15 kms from Shanmuga College of Nursing. The total population of Karripatti is 4983. Males 2486, Females-1819. Total houses are 686.

3.4. DESCRIPTION OF VARIABLES UNDER STUDY

A concept which can take on different quantitative values is called as variables **Kothari C.R., (2002)**

The variable under the study are the following,

a) Independent variable:

According to **Polit & Hungler, (2004)** the variables that are believed to care or influence the behavior and ideas.

In this study the independent variable refers to the nursing intervention(distribution of information booklet on ‘Face Domestic Violence Positively [for married woman]’).

b) Dependent variables :

Dependent variables are those variables the researcher selected is interested in understanding, explaining and preceding. **Polit and Hungler, (2004)**

In this study it refers to role recognition and emotional competence to face domestic violence positively among married women.

c) Extraneous variables:

Demographic variables are those variables that are present in research environment which may interfere with research findings by acting as unwanted independent variables **Woods and Kahn, (2004)**

In this study it refers to age of married woman, educational status of the married woman, age at marriage, duration of marriage, number of the children, occupation of sample and spouse, type of family and bad habits of spouse.

3.5. POPULATION:

The entire set of individuals or objects has the same common characteristics. **Polit and Hungler, (1999)**

3.5.1. Target Population:

Refers to the population that the researcher wishes to study. About which the researcher makes a generalization. In this study target population is married women residing in selected area.

3.5.2. Accessible population:

The aggregate of cases that conform to the designed criteria and are accessible to the researcher as a pool of subjects for the study.

Populations consist of married women of 19-45 years of age, present in community area, Karipatti at Salem.

3.6. SAMPLE:

Sample refers to the process of selecting the portion of the populations to represent the entire population. **Sharma K Suresh, (2011).**

Sampling is the process of selecting a portion of population to represent the entire population. **Polit and Beck, (2004).**

In this study, samples are married women under the age group of 19-45 years who fulfill the inclusion criteria.

3.6.1. Criteria for sample selection:

a) Inclusion criteria:

1. Married women under the age group of 19-45 years.
2. Married women who play a role as a wife, facing domestic violence with their spouse.

3. Married women who can speak and understand Tamil
4. Married women who are willing to participate in the study.

b) Exclusion criteria:

1. Married women who have undergone any awareness programme about domestic violence.
2. Married women who are suffering with mental illness and taking treatment for the same.

3.6.2. Sampling Technique:

It refers to the process of selecting a portion of the population to represent the entire population. **Polit and Beck (2004).**

In this study, the method of sample selection is by non-probability convenient sampling technique.

3.6.3. Sample Size:

Sample size was 60 married women, 30 in control group and 30 in experimental group.

3.7. DEVELOPMENT, DESCRIPTION, INTERPRETATION, CONTENT VALIDITY AND RELIABILITY OF THE TOOL

The instrument selected in a research must be a vehicle that obtains best data drawing conclusion to the study. **Treece and Treece, (2000).**

For the purpose of the present study, the following instruments were developed by the researcher. The tools are prepared with help of review of literature, published and unpublished articles, suggestions and recommendations from experts. The content validity was established by obtaining opinion from 5 experts.

The tool is organized accordingly:

Tool consist of

Tool-1: Demographic variables of the sample.

Tool-2: Structured interview schedule to assess domestic violence among married women.

Tool-3: Structured interview schedule to assess role recognition to face domestic violence among married women.

Tool-4: Structured interview schedule to assess emotional competence to face domestic violence among married women.

Tool-5: Questionnaire to assess responses on role recognition and emotional competence to face domestic violence positively among married women.

Tool-1: Demographic variables:

It dealt with the demographic data which was used to collect the characteristics of the samples. Details of married woman includes age of married woman, educational status of the married woman, age at marriage, duration of marriage, number of the children, occupation of sample and spouse, type of family and bad habits of spouse. The prepared tool along with the statement of the problem, objectives and hypotheses and evaluation criteria was submitted to 5 experts (3 Nursing Experts, 1 Psychiatric Consultant & 1 Psychologist). Modification was made for age at marriage and occupation as per suggestion of one nursing expert. (Annexure VIII).

Tool-2: Structured interview schedule to assess domestic violence among married women.

The Structured interview schedule was used to assess domestic violence among married women. It contains of 25 items, and it was divided into four sections, related to types of abuse, namely, physical

abuse, verbal abuse, financial abuse and emotional abuse. Each statement in structured interview schedule has two options: Yes/No. Scores: 1-Yes; 0-No. Sample's response to each statement was marked by putting tick mark for the option chosen by them in the box given aside to each question to place answers.

The total score were converted into percentage and levels of domestic violence were interpreted as 76-100% severe, 51-75% moderate and below 50%, low level of domestic violence. The prepared tool along with the statement of the problem, objectives and hypotheses and evaluation criteria submitted to 5 experts (3 nursing experts, 1 Psychiatric Consultant & 1 Psychologist) 100% acceptance was given to all items in all tools and there was no modification done at any level.

The reliability of the tool was done by using split half method, r' value was 1 and it was found reliable.

Tool-3: Structured interview schedule to assess the role recognition to face domestic violence among married women.

The Structured interview schedule was used to assess role recognition to face domestic violence among married women. It consists of ten items related to role recognition to face domestic violence by married women. Each statement in checklist has two options: Yes/No. Scores: 1-Yes; 0-No. Sample's response to each statement was marked by putting tick mark for the option chosen by them in the box given aside to each question to place answers. The total score were converted into percentage and role recognition was interpreted as 76-100% adequate, 51-75% moderate and 0-50% inadequate role recognition. The prepared tool along with the statement of the problem, objectives and hypotheses and evaluation criteria submitted to 5 experts

(3 nursing experts, 1 Psychiatric Consultant & 1 Psychologist) 100% acceptance was given to all items in all tools and there was no modification done at any level.

The reliability of the tool was done by using Test-retest method, 'r' value was 0.9 and it was found reliable.

Tool-4: Structured interview schedule to assess emotional competence to face domestic violence among married women.

The Structured interview schedule was used to assess emotional competence to face domestic violence among married women. It consists of ten items related to emotional competence to face domestic violence by married women.

Each statement in Structured interview schedule has two options: Yes/No. Scores: 1-Yes; 0-No. Sample's response to each statement was marked by putting tick mark for the option chosen by them in the box given aside to each question to place answers. The total score were converted into percentage and emotional competence was interpreted as 76-100% adequate, 51-75% moderate and 0-50% inadequate emotional competence. The prepared tool along with the statement of the problem, objectives and hypotheses and evaluation criteria submitted to 5 experts (3 nursing experts, 1 Psychiatric Consultant & 1 Psychologist) 100% acceptance was given to all items in all tools and there was no modification done at any level.

The reliability of the tool was done by using split-half method, 'r' value was 0.9 and it was found reliable.

Tool-5: Questionnaire to assess responses on role recognition and emotional competence to face domestic violence positively among married women.

The questionnaire was comprised of seven open-ended interview questions related to domestic violence, role recognition and emotional competence to face domestic violence positively. The response of the samples were recorded and used for comparative assessment before and after intervention.

The reliability of the tool was done by using Test-retest method, 'r' value was 0.9 and it was found reliable.

DEVELOPMENT OF INFORMATION BOOKLET

Information booklet on 'Face Domestic Violence Positively [For Married Women]' was prepared by the researcher and was discussed under the following headings namely;

- i. Concept of domestic violence,
- ii. Types of domestic violence [physical abuse, verbal abuse, psychological abuse, financial abuse].
- iii. Cycle of domestic violence,
- iv. Measures to prevent and overcome domestic violence,
- v. Role recognition and
- vi. Emotional competence to face domestic violence positively.

The booklet was prepared to create awareness among married women about domestic violence and to face domestic violence positively. It also helps in preventing and overcoming domestic violence. Booklet was self-explanatory, with simple and easy language. It was translated in Tamil. Booklet's content was validated by 5 experts (3 Nursing experts, 1 Psychiatric Consultant & 1 Psychologist) 100% acceptance was given to

all items in the booklet. The information booklet was used as an aid in teaching the group. After teaching it was distributed to all samples in experimental group.

3.8. PILOT STUDY:

Pilot study is a preliminary research conducted to test the elements of design before the commencement of an actual full scale study. It is a small version or trial run of the major study. **(Polit and Hungler, 2006)**

Pilot study is a preliminary research that was conducted to test the elements of design before the commencement of an actual full scale study. It is a small scale version or trial run of the major study.

Pilot study was conducted in community area called Shanmuga Seva Centre, located in Gandhinagar, Periakollapatti, Salem. After getting formal permission from the concerned authority, pilot study was started on 30/12/13 and finished on 03/02/14.

On day 1, the researcher selected two groups of samples [3 married women for control group and 3 married women for experimental group]. The selection was done by adopting non-probability convenient sampling technique, based on the inclusion criteria. The purpose and nature of the study was explained and written consent was obtained from each sample. Pretest was conducted. The demographic data was collected through interview schedule. Presence of domestic violence, role recognition of married woman, and emotional competence to face domestic violence were assessed by using structured interview schedule. Response of samples on role recognition and emotional competence to face domestic violence positively in experimental group was assessed through interview schedule. A group teaching was conducted for the experimental group on

the next day, followed by, the issuing of Information Booklet on 'Face domestic violence positively [for married woman]'. On the 8th day post test was conducted.

The results of the study showed that there was significant difference in experimental group after post- test. No modification was done after pilot study.

3.9. DATA COLLECTION PROCEDURE

Data collection is the gathering of information needed to address a research problem. **Polit and Hungler, (2006)**

After obtaining formal permission from the concerned authorities, the study was conducted in the community area in Annanagar , Kari Patti, Salem. The total population of Karri Patti is 4983, male 2486, female 2498. The total population in Annanagar was 520. There were 82 females in the age group between 19-30years, 108 women in the age group between 31-40 years and 69 women in the age group between 41-50 years. The data was collected from 05.01.2014 to 15.01.2014. The timing of the data collection was between 10am to 3pm. The sample size was 60, 30 in experimental group and 30 in control group. Based on the inclusion and exclusion criteria and by using non probability convenient sampling technique the samples were selected.

On day 1, after establishing a good rapport and explaining the purpose of the study, consent was taken from the samples. Through structured interview schedule; Pretest assessment was conducted for control group and experimental group on the demographic data, the role recognition and emotional competence to face domestic violence. On day 2, samples in experimental group were divided into 5-6 members and group teaching on how to face domestic violence positively was carried out for 45 minutes, by using powerpoint presentation and Issued an

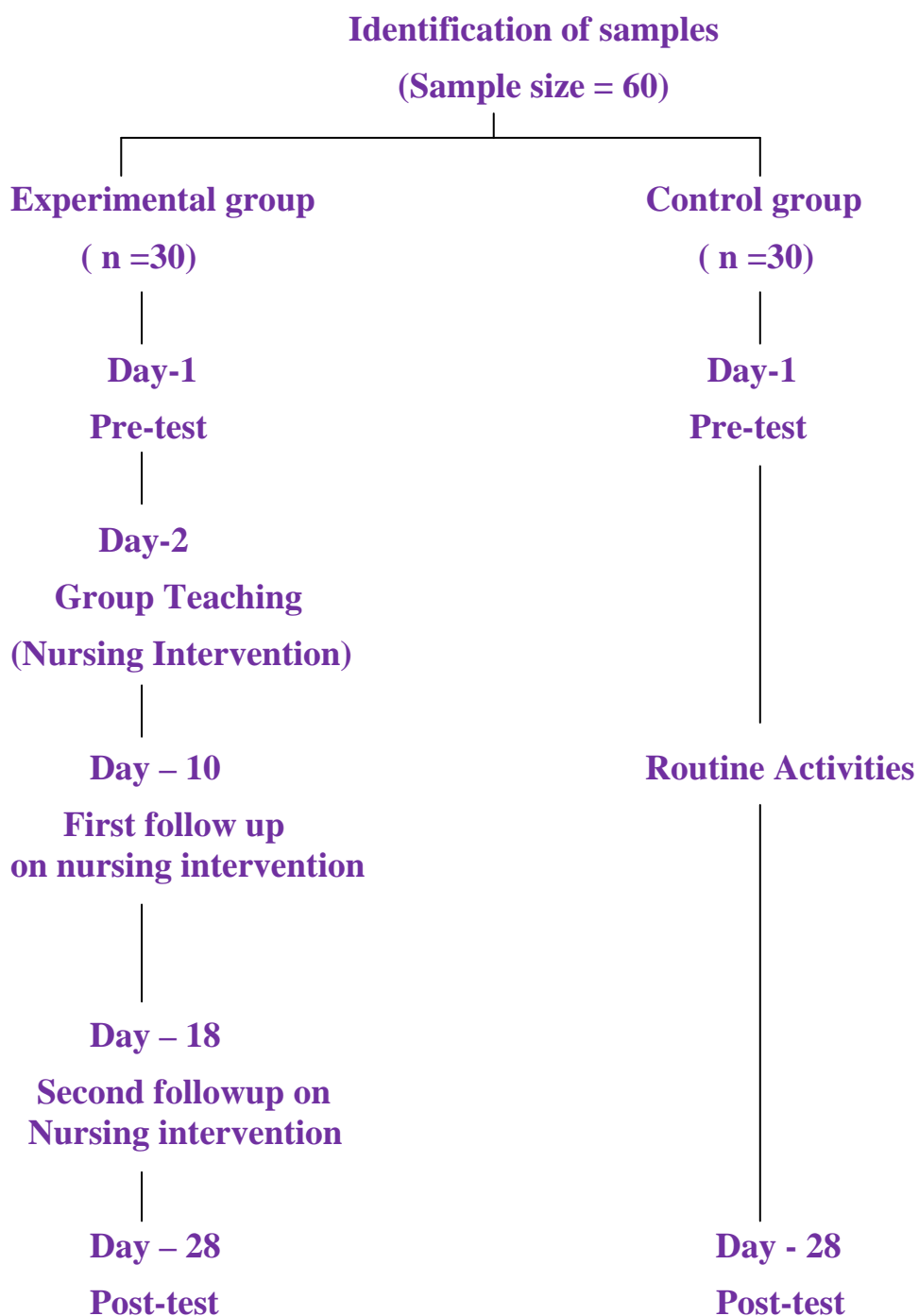
information booklet on 'Face Domestic violence Positively' to samples of experimental group.[Nursing Intervention]. Booklet was self-explanatory and clarification of doubts was done, after the samples went through the booklet.

On day 10, First follow up of nursing intervention was carried out. Samples were motivated and encouraged to read the booklet and follow it in daily life. Doubts in the booklet were clarified by the researcher during follow-up. .

On day 18, Second follow up of nursing intervention was performed.

On day 28, Post-test assessment was done. Samples co-operated well during the entire data collection procedure.

Figure-3.2: Schematic Representation of Data Collection Procedure



3.10. PLAN FOR DATA ANALYSIS

Talbot, (2001) designed data analysis as evaluation of information and it's to the study variable, data analysis help the researcher to organize, summarize, evaluate, interpret and communicate the numerical facts.

The data obtained were analyzed in terms of objectives of study by using descriptive and inferential statistics such as frequency, percentage ,mean, SD, paired t test, unpaired 't' test , chi square test, and presented using tables and diagrams.

SUMMARY

This chapter dealt with the research approach, research design, development of description of the tool, data collection procedure and the statistical data analysis which includes both descriptive and inferential statistics.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Data analysis is the systematic organization and synthesis of research data and the testing of research hypotheses using those data (**Polit and Beck, 2004**). Statistical procedure enables the researcher to organize, analyze, interpret, evaluate and communicate numerical information meaningfully.

4.1 PRESENTATION OF DATA

The data were entered in master sheet for tabulation and statistical processing. The obtained data were analyzed, organized and presented under the following headings.

Section-I: Distribution of samples based on demographic variables

Section-II: Analysis and comparison of pre-test and post-test of role recognition to face domestic violence positively among samples.

- a) Analysis of pre-test and post-test level of role recognition to face domestic violence positively among samples.
- b) Compare the mean pre-test and mean post-test scores of role recognition to face domestic violence positively among samples within and between experimental and control group to face domestic violence.

Section-III: Analysis and comparison of pre-test and post-test of emotional competence to face domestic violence positively among samples to face domestic violence positively.

- a) Analysis of pre-test and post-test level of emotional competence to face domestic violence positively among samples to face domestic violence positively.

- b) Compare the mean pre-test and mean post-test scores of emotional competence to face domestic violence positively among samples to face domestic violence positively within and between experimental and control group.

Section-IV: Association of pre-test level of emotional competence to face domestic violence positively with selected demographic variables among the samples of experimental group.

- a) Association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage.
- b) Association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and the habits of spouse.

Section-V: Analysis of the responses of samples on role recognition and emotional competence to face domestic violence positively, in experimental group.

SECTION-I: DISTRIBUTION OF SAMPLES BASED ON DEMOGRAPHIC VARIABLES.

This section shows the analysis of demographic variables of the samples according to the frequency and percentage distribution, which includes, age of samples, educational status, age at marriage, duration of marriage, type of family, number of children, occupation of sample, occupation of spouse, family income and bad habits of spouse.

Table- 4.1: Frequency and percentage wise distribution of samples according to their demographic variables.

$n_1=30, n_2=30$

S. No	Demographic Variables	Experimental group		Control group	
		f	%	f	%
1.	Age in years				
a)	19-25	11	36	10	33
b)	26-32	10	33	06	20
c)	33-38	08	26	10	33
d)	39-45	01	3.33	04	13.33
2.	Educational status				
a)	No formal education	03	10	05	16.7
b)	Primary education	13	43.3	14	46.7
c)	Secondary	05	16.7	06	20
d)	Higher secondary	05	16.7	02	6.7
e)	Graduate	04	13.3	03	10
3.	Age at marriage				
a)	19-21 years	21	70	12	40
b)	22-24 years	08	26.7	15	50
c)	Above 25 years	01	3.33	03	10
4.	Duration of marriage				
a)	Less than five years	09	30	08	26.7
b)	Five to ten	16	53.3	07	23.3
c)	More than ten years	05	16.7	15	50
5.	Type of family				
a)	Nuclear	17	56.6	18	60
b)	Joint	13	43.3	12	40

6.	Number of children				
a)	None	08	26.6	03	10
b)	One	08	26.6	09	30
c)	Two	08	26.6	13	43.3
d)	Three and above three	06	20	05	16.7
7.	Occupation of married woman				
a)	Home-maker	06	20	07	23.3
b)	Daily wages	17	56.6	17	56.6
c)	Government employee/ private employee	7	23.3	06	20
d)	Any others-specify	-	-	-	-
8.	Occupation of spouse				
a)	Nil	06	20	02	6.6
b)	Daily wages	14	46.6	19	63.3
c)	Government employee/ private employee	10	33.3	09	30
d)	Any others-specify	-	-	-	-
9.	Bad habits of the spouse				
a)	an alcoholic	04	13.3	06	20
b)	a smoker	04	13.3	07	23.3
c)	both	12	40	09	30
d)	nil	10	33.3	08	26.6

Table4.1. shows the distribution of samples according to their demographic variables, regarding the age of married women in experimental group out of 30 samples, 11 (36%) come under 19-25 years of age, 10 (33%) come under 26-32 years of age, 8(26%) come under 33-38 years of age, and 1 (3%) come under 39-45 years of age. In control group out of 30 samples, 10(33%) comes under 19-25 years of age, 6

(20%) come under 26-32 years of age, 10(33%) comes under 33-38 years of age and 4(13.3%) comes under 39-45 years of age.

With regards to educational status of married women in experimental group out of 30 samples, 3(10%) had no formal education, 13(43.3%) studied up to primary education and 5 (16.73%) had secondary education and higher secondary education and 4(13.3%) were graduates. In control group out of 30 samples, educational status of married women were 5(16.7%) had no formal education, 14(46.7%) studied up to primary education and 6 (20%) had secondary education and 2(6.7%) had higher secondary education and 3(30%) were graduates.

With regards to age at marriage of married women, in experimental group, out of 30 samples, 21(70%) was between 19 - 21 years and 8 (26.7%) was between 22-24 years and 1(3.3%) was above 25 years. In control group, out of 30 samples, age at marriage of married women was 12(40%) was between 19 - 21 years and 15 (50%) was between 22-24 years and 3(10%) was above 25 years.

Regarding the duration of marriage, in experimental group, 9(30%) samples have been married for less than 5 years and 16(53.3%) samples have been married for five to ten years and 5(16.7%) samples have been married for more than 10 years. In control group, 8(26.7%) samples have been married for less than 5 years and 7 (23.3%) samples have been married for five to ten years and 15(50%) samples have been married for more than 10 years.

Regarding the type of family, out of 30 samples in experimental group 17(56.6%) were from nuclear family and 13(43.3%) were from joint family. In control group, 18(60%) were from nuclear family and 12(40%) were from joint family.

Regarding the number of children, in experimental group out of 30 samples, 8(26.6%) of married women had none, one and two children respectively and 6(20%) of them had three and above three children. In control group, out of 30 samples, 3(10%) of married women had no child and 9(30%) of them had one child. 13(43.3%) of them had two children and 5(16.7%) of married women had three and more than three children.

With regards to occupation of married woman, in experimental group, 6 (20%) were home-maker, 17(56.6%) were daily wages, and 7(23.3%) were private employee .In control group, 7 (23.3%) were home-makers, 17(56.6%) were daily wages, and 6(20%) were private employees.

Regarding the occupation of spouse, in experimental group, out of 30 samples, 6(20%) were without any occupation, 14(46.6%) were daily wages, and 10(33.3%) were working in a private sector. In control group, out of 30 samples, 2(6.6%) were without any occupation, 19(63.3%) were daily wages, and 9(30%) were working in a private sector.

With regards to bad habits of spouse, in experimental group 4(13.3%) samples had the habit of drinking alcohol and smoking, 12(40%) had the habit of smoking and the remaining 10(33.3%) had both the habits. In control group, 6(20%) had the habit of drinking alcohol, 7(23.3%) had the habit of smoking, 9(30%) had both the habits of drinking alcohol and smoking, whereas, 8(26.6%) had no bad habits.

SECTION-II: ANALYSIS AND COMPARISON OF PRE-TEST AND POST-TEST OF ROLE RECOGNITION TO FACE DOMESTIC VIOLENCE POSITIVELY AMONG SAMPLES.

This section deals with the details of analysis and comparison of pre-test and post -test of role recognition to face domestic violence

positively among samples within and between experimental and control group. Also the research hypothesis H_1 is analyzed to know the significance at $p < 0.05$ level. To compare the difference of pre-test and post-test scores, the section was divided in to the following heading.

SECTION-II (a): Analysis of pre-test and post-test level of role recognition to face domestic violence positively among samples.

This section deals with the details of analysis in regard to pre-test and post-test level of role recognition to face domestic violence positively among samples in experimental group and control group.

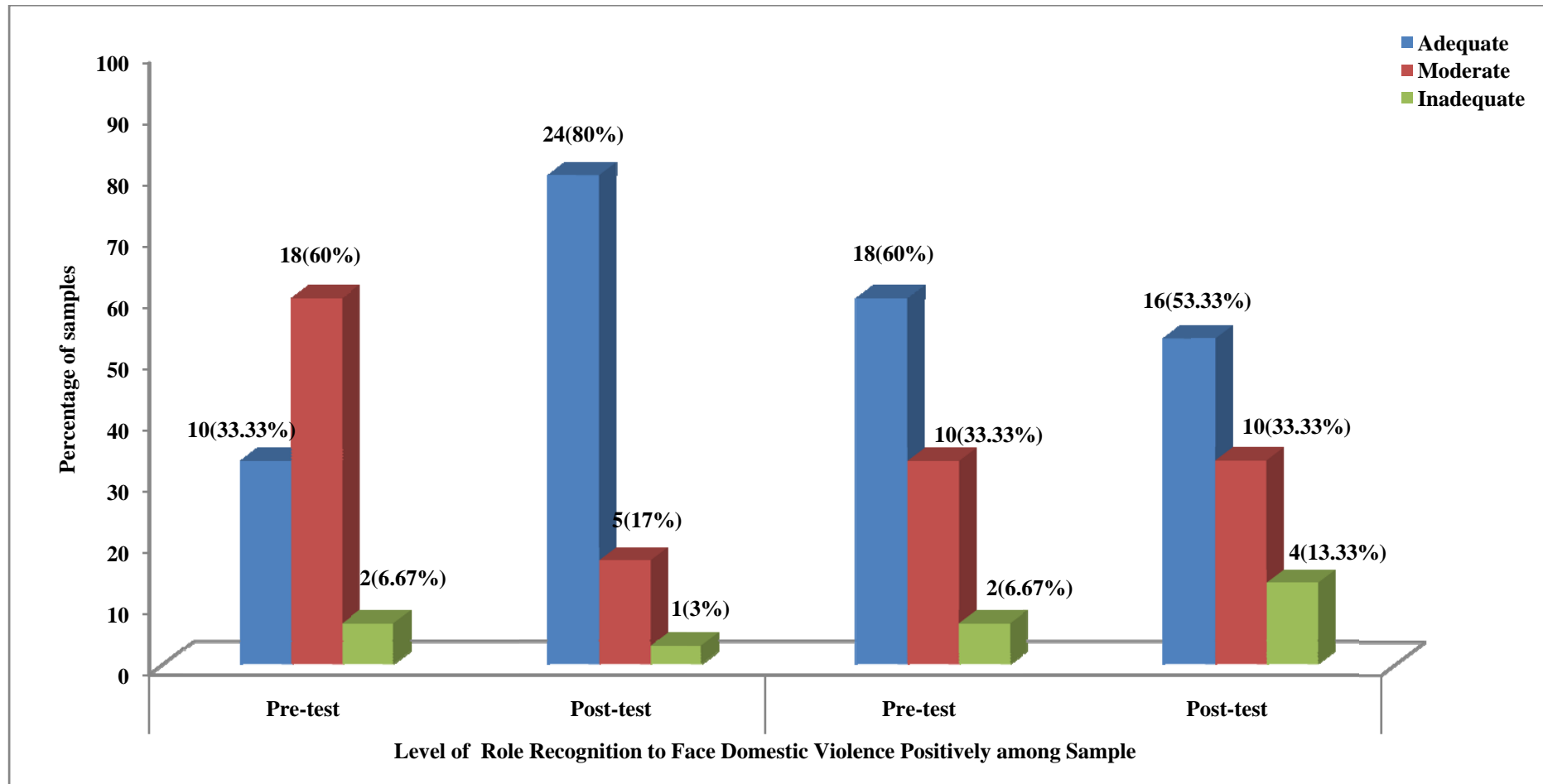


Figure-4.1: Bar diagram shows on percentage of samples based on the pre-test and post-test levels of role recognition to face domestic violence positively among experimental group and control group

Figure-4.1. depicts that in control group during pre -test, 18(60%) samples had adequate level of role recognition to face domestic violence positively ,10(33%) samples had moderate level of role recognition to face domestic violence positively and 2(7%) samples had inadequate level of role recognition to face domestic violence. During post -test, 16(53%) samples had adequate level of role recognition to face domestic violence positively ,10(33%) samples had moderate level of role recognition to face domestic violence positively and 4(14%) samples had inadequate level of role recognition to face domestic violence.

In experimental group during pre -test 10(33%) samples had adequate level of role recognition to face domestic violence, 18(60%) samples had moderate level of role recognition to face domestic violence and 2(7%) samples had inadequate level of role recognition to face domestic violence. During post –test 24(80%) samples had adequate level of role recognition to face domestic violence, 5(17%) samples had moderate level of role recognition to face domestic violence and 1(3%) samples had inadequate level of role recognition to face domestic violence positively.

SECTION-II (b): Compare the mean pre-test and mean post-test scores of role recognition to face domestic violence positively among samples within and between experimental and control group.

This section deals with mean, SD, mean difference, paired t value and unpaired t' value on role recognition to face domestic violence positively among the samples within and between experimental and control group was analyzed. Hypothesis H_1 will be tested to find out the significance at $p < 0.05$ level.

Hypothesis H_1 :

The mean post-test score is higher than the mean pre-test score on role recognition to face domestic violence positively among samples of experimental group and control group.

Hypothesis H_1 was formulated to find the effectiveness of Information Booklet on ‘Face domestic violence positively [For Married Woman]’. To test the hypothesis H_1 , null hypothesis $H_{0(1)}$ was formulated.

Null hypothesis $H_{0(1)}$:

There is no significant difference in the mean pre-test and mean post test score on role recognition to face domestic violence positively among samples.

Details of pre-test and post-test role recognition scores of samples are presented in the following table.

Table -4.2: Mean, SD, mean difference and paired t value and unpaired t value of scores on role recognition to face domestic violence positively among samples within and between experimental group and control group.

$n_1=30, n_2=30$

S. No	Group	Pre-test score on role recognition		Post-test score on role recognition		Mean difference	Paired ‘t’ test
		Mean	SD	Mean	SD		
1.	Control Group	7.43	1.94	7.30	2.03	0.13	0.89
2.	Experimental Group	6.43	2.16	8.40	1.40	1.97	5.60*
Unpaired t test		2.56*		2.58*			

*Significance at $p < 0.05$ level; NS- Not Significant; $t_{29}=2.045$

Table-4.2. shows that in the control group the mean difference between pre-test and post -test score on role recognition to face domestic violence positively was 0.13. The mean post-test role recognition score 7.30 which was lesser than the mean pre- test role recognition score that was 7.43. The paired 't' value 0.891 is lesser than the table value 2.045 at p lesser than 0.05 level of significance.

In the experimental group mean post test score on role recognition 8.40 was greater than the mean pre-test role recognition score 6.43. The mean difference between pre- test and post- test role recognition score was 1.97. The paired 't' value 5.609 which is greater than the table value 2.045 at 0.05 level of significance, which indicates significance within the group.

In the pre-test, the mean score of control group was 7.43 and standard deviation was 1.94 and experimental group mean score was 6.43 and standard deviation was 2.16. Unpaired 't' value shows 2.56, which is significant at $p < 0.05$ level. In the post test, the mean score of control group was 7.30 & standard deviation was 2.03 and experimental group mean score was 6.43 & standard deviation was 2.16 and Unpaired 't' value shows 2.58, which is significant at $p < 0.05$ level. Hence research hypothesis H_1 is accepted and null hypothesis $H_{0(1)}$ is not accepted.

SECTION-III: ANALYSIS AND COMPARISON OF PRE-TEST AND POST-TEST OF EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY AMONG SAMPLES.

This section deals with the details of analysis and comparison of pre-test and post-test scores of emotional competence to face domestic violence among samples positively.

Also the research hypothesis H_2 will be analyzed to know the significance at $p < 0.05$ level. To compare the difference of pre-test and post-test emotional competence score, the section was divided in to the following heading.

SECTION-III (a): Analysis of pre-test and post-test level of emotional competence to face domestic violence positively among samples.

This section deals with the details of analysis in regard to pre-test and post-test level of emotional competence scores among samples to face domestic violence positively.

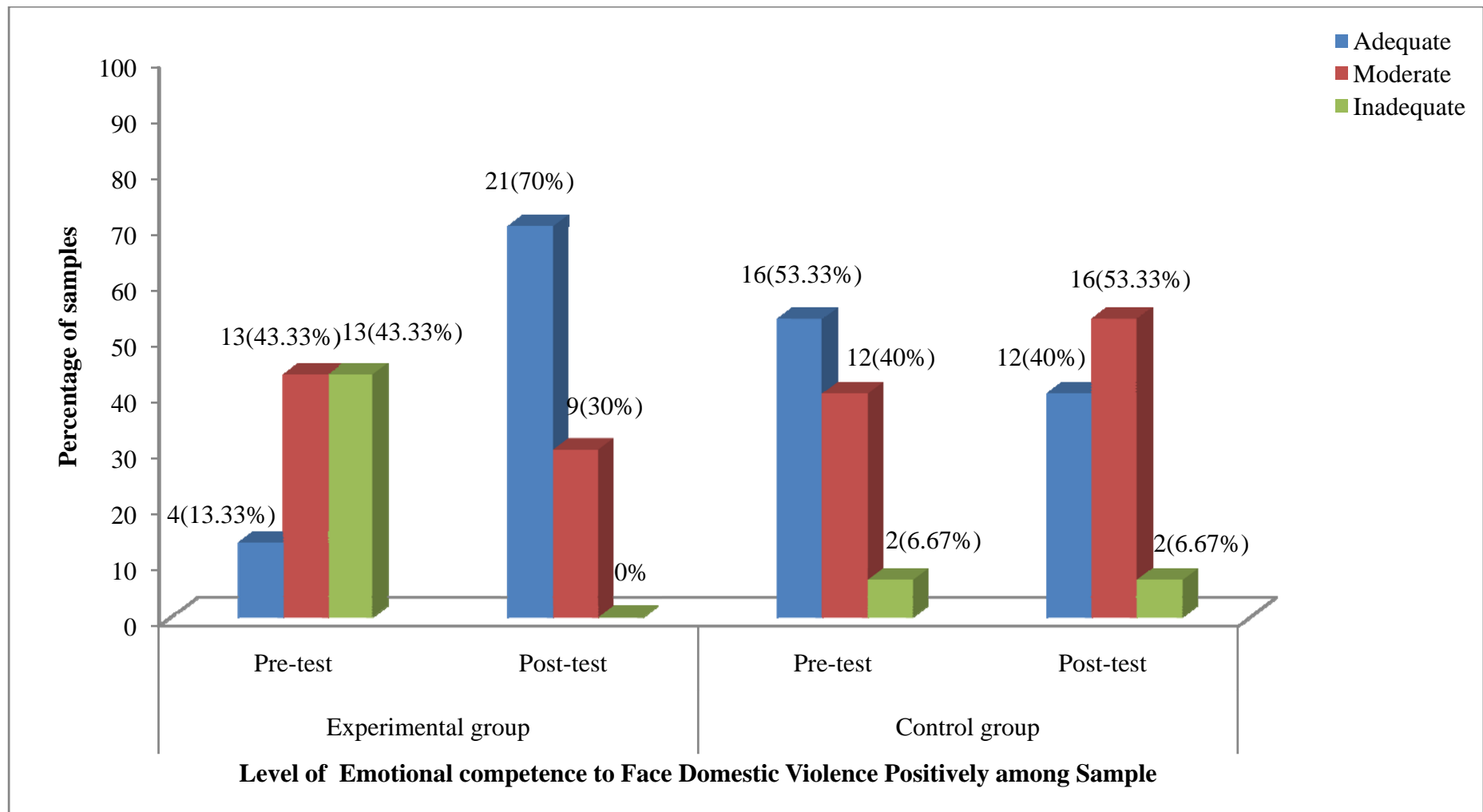


Figure-4.2: Bar diagram shows on percentage of samples based on the pre-test and post-test scores on emotional competence to face domestic violence positively among experimental and control group.

Figure-4.2. depicts that in control group during pre -test, 16(53%) subject had adequate level emotional competence to face domestic violence positively, 12(40%) subjects had moderate level of emotional competence to face domestic violence positively and 2(7%) subjects had inadequate level emotional competence to face domestic violence positively. During post -test, 12(40%) subject had adequate level emotional competence to face domestic violence positively, 16(53%) subjects had moderate level of emotional competence to face domestic violence positively.

In experimental group during pre -test 4(13%) subjects had adequate level of emotional competence to face domestic violence positively, 13(43%) subjects had moderate emotional competence to face domestic violence positively and 13(43%) subjects had inadequate level emotional competence to face domestic violence positively. During post -test 21(70%) subjects had adequate level of emotional competence to face domestic violence positively, 9(30%) subjects had moderate emotional competence to face domestic violence positively and no one had inadequate level emotional competence to face domestic violence.

SECTION-III (b): Compare the mean pre-test and mean post- test scores of emotional competence among samples to face domestic violence positively within and between experimental group and control group.

This section deals with mean, SD, mean difference, paired t value and unpaired t value of scores on emotional competence among the samples within and between experimental and control group was analyzed. Hypothesis H₂ will be tested to find out the significance at $p < 0.05$ level.

Hypothesis H₂:

The mean post-test score is higher than the mean pre-test score on emotional competence to face domestic violence positively within experimental group and control group.

Hypothesis H₂ was formulated to find the effectiveness of Information Booklet on 'Face domestic violence positively [For Married Woman]'. To test the hypothesis H₂, null hypothesis H_{0 (2)} was formulated.

Null hypothesis H_{0 (2)}:

There is no significant difference in the mean pre-test and mean post-test score on emotional competence among samples between experimental and control group to face domestic violence positively.

Details are presented in the following table.

Table-4.3: Mean, SD, mean difference paired t value and unpaired t value of emotional competence scores among samples within and between experimental group and control group to face domestic violence positively.

n₁= 30, n₂=30

S. No	Group	Pre-test score on emotional competence		Post-test score on emotional competence		Mean difference	Paired 't' test
		Mean	SD	Mean	SD		
1.	Control group	7.96	2.19	9.83	2.19	1.87	1.97 ^{NS}
2.	Experimental Group	9.56	1.99	10.76	2.34	1.2	6.45*
Unpaired t test		2.00 ^{NS}		2.26*			

*Significance at p< 0.05 level; NS- Not Significant; t₂₉.2.045

Table-4.3. shows that in the control group, the mean difference between pre-test and post-test emotional competence score were 1.87. The mean pre- test emotional competence score 7.96 was lesser than the mean post- test emotional competence score 9.83. The paired 't' value 1.97 is lesser than the table value 2.045 at 0.05 level of significance which indicates non-significance within control group .

In the experimental group, mean pre-test emotional competence score 9.56 which is less than the mean post-test emotional competence score 10.76. The data was subjected to statistical test. The mean difference of pre- test and post- test emotional competence score was 1.2. The paired 't' value 6.45 is greater than the table value 2.045 at 0.05 level of significance which indicates significance within the experimental group.

In the pre-test, the mean score of control group 7.96 and standard deviation was 2.19 and experimental group mean score was 9.56 and standard deviation was 1.99. Unpaired 't' value shows 2.00 which is not significant at $p < 0.05$ level. In post-test, the mean score of experimental group was 10.76 & standard deviation was 2.34 and control group mean score was 9.83 & standard deviation was 2.19. Unpaired 't' value shows 2.26, which is significant at $p < 0.05$ level. Hence research hypothesis H_2 is accepted and null hypothesis H_0 (2) is not accepted in experimental group.

SECTION-IV: ASSOCIATION OF PRE-TEST LEVEL OF EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY WITH SELECTED DEMOGRAPHIC VARIABLES AMONG THE SAMPLES OF EXPERIMENTAL GROUP.

This section deals with the association of the mean pre-test level of emotional competence among the samples of experimental group to face domestic violence positively and their selected demographic variables.

Hypothesis H₃:

There is significant association between the pre-test level of emotional competence to face domestic violence positively among samples and the selected demographic variables (duration of marriage, habits of spouse).

Hypothesis H₃ was formulated to find the effectiveness of Information Booklet on 'Face domestic violence positively [For Married Woman]', so as to test the hypothesis H₃ null hypothesis H_{0 (3)} was formulated.

Null hypothesis H_{0 (3)}:

There is no significant association between the mean pre-test levels of emotional competence to face domestic violence among samples of experimental group with their selected demographic variables.

Following details show the associations between the experimental groups' mean pre-test emotional competence to face domestic violence among the samples and their selected demographic variables.

SECTION-IV (a): Association between pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage.

This section deals with association between the level of pre-test emotional competence to face domestic violence among the samples of experimental group and their duration of marriage.

Hypothesis $H_{3(a)}$:

There is significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage.

Hypothesis $H_{3(a)}$ was formulated to find the effectiveness of Information Booklet on 'Face domestic violence positively [for married woman]', so as to test the hypothesis $H_{3(a)}$ null hypothesis $H_{0 3(a)}$ was formulated.

Null hypothesis $H_{0 3(a)}$:

There is no significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage.

Details are presented in the following table.

Table-4.4: Chi-square association between the pre-test level of emotional competence among samples of experimental group to face domestic violence positively and their duration of marriage.

n=30

S. No	Duration of marriage	Level of emotional competence			df	Chi-square value
		High	Moderate	Low		
1.	Less than 5 years.	3	5	1	4	0.46
2.	5-10 years.	5	8	3		
3.	More than 10 years.	2	2	1		

Level of significance = $p < 0.05$; Table value $\chi^2 = 2.776$

Data presented in the table 4.4, reveals that calculated chi-square value 0.46 was lesser than the table value 2.776, which indicates that there was significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and their duration of marriage. Hence null hypothesis $H_{0(3(a))}$ was accepted and research hypothesis $H_{3(a)}$ was rejected.

SECTION-IV (b): Association between pre-test emotional competence to face domestic violence among samples of experimental group and the bad habits of spouse.

This section deals with association between the pre-test level of emotional competence to face domestic violence among samples of experimental group and the bad habits of spouse.

Hypothesis H_{3 (b)}:

There is significant association between the pre-test level of emotional competence to face domestic violence among samples of experimental group and the bad habits of spouse.

Hypothesis H_{3 (b)} was formulated to find the effectiveness of Information Booklet on 'Face domestic violence positively [for married woman]', so as to test the hypothesis H_{3 (b)}, null hypothesis H_{0 3(b)} was formulated.

Null hypothesis H_{0 3(b)}:

There is no significant association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and the bad habits of spouse.

Table-4.5: Chi-square association between the pre-test level of emotional competence to face domestic violence positively among samples of experimental group and the bad habits of spouse.

n=30

S No	Bad habits of spouse.	Level of emotional competence			df	Chi-square Value
		High	Moderate	Low		
1	Alcoholic	2	1	1	6	4.77
2	Smoker	1	2	1		
3	Both	2	6	4		
4	Nil	6	3	1		

Level of significance = $p < 0.05$; NS- not significant Table value₆ = 12.59

Data presented in the table-4.5 reveals that calculated chi-square value 4.77 was lesser than the table value 12.59, which indicates that there was significant association between the pretest level of emotional competence to face domestic violence positively among samples of experimental group and bad habits of spouse. Hence null hypothesis $H_{03(b)}$ was accepted and research hypothesis $H_{3(b)}$ was rejected.

SECTION-V: ANALYSIS OF THE RESPONSE OF SAMPLES ON ROLE RECOGNITION AND EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY IN EXPERIMENTAL GROUP.

In pre-test of experimental group, 66.7% samples felt that ego of their spouse were the source of domestic violence. 33.3% of sample felt that whoever dominates more either husband or wife, will be the source of domestic violence. In post-test, only 33.3% sample felt that source of domestic violence was ego of their husband and remaining 66.7% samples felt that both husband and wife are equally the source for domestic violence.

Regarding the response of married women to domestic violence, in pre-test, 66.7% samples replied that they will shout against the spouse, in case of verbal or physical abuse. 33.3% of sample replied that she will either run or hide behind someone to escape from physical abuse. In post-test, 100% of samples replied that they will try to remain calm, identify the cause of violence and solve the issues.

With regards to the satisfaction of their role as a wife, 66.7% samples felt that they were satisfied with their role as a wife, by meeting the needs of their spouse and children. 33.3% sample was not

satisfied with her role as a wife, because of his alcoholism and physical abuse. In post-test, results were same as that of pre-test.

Regarding the decision making of child rearing, in pre-test and post-test, 100% samples were involved together with their spouse.

In pre-test and post-test, 66.7% samples revealed that their husband felt happy or appreciated when they achieved something, whereas, 33.3% sample said there will not be any response from her spouse for her achievement.

In pre-test and post-test, 100% samples want their husband not to drink or smoke and to live with them without quarrelling till the end.

Regarding the change in spouse's abusing behavior, in pre-test, 33-3% sample believed that her husband's behavior will change, whereas, 66.7% samples believed it is difficult for their spouse to change their abusing behavior. In post-test, 100% samples shared positive statements that their abusing behavior will change with improved role recognition and emotional competence of wife towards abusing behavior of spouse.

SECTION-VI: ANALYSIS AND PERCENTAGE DISTRIBUTION OF LEVEL OF DOMESTIC VIOLENCE AMONG SAMPLES.

This section deals with the details of analysis in regard to level of domestic violence among married women in experimental and control group.

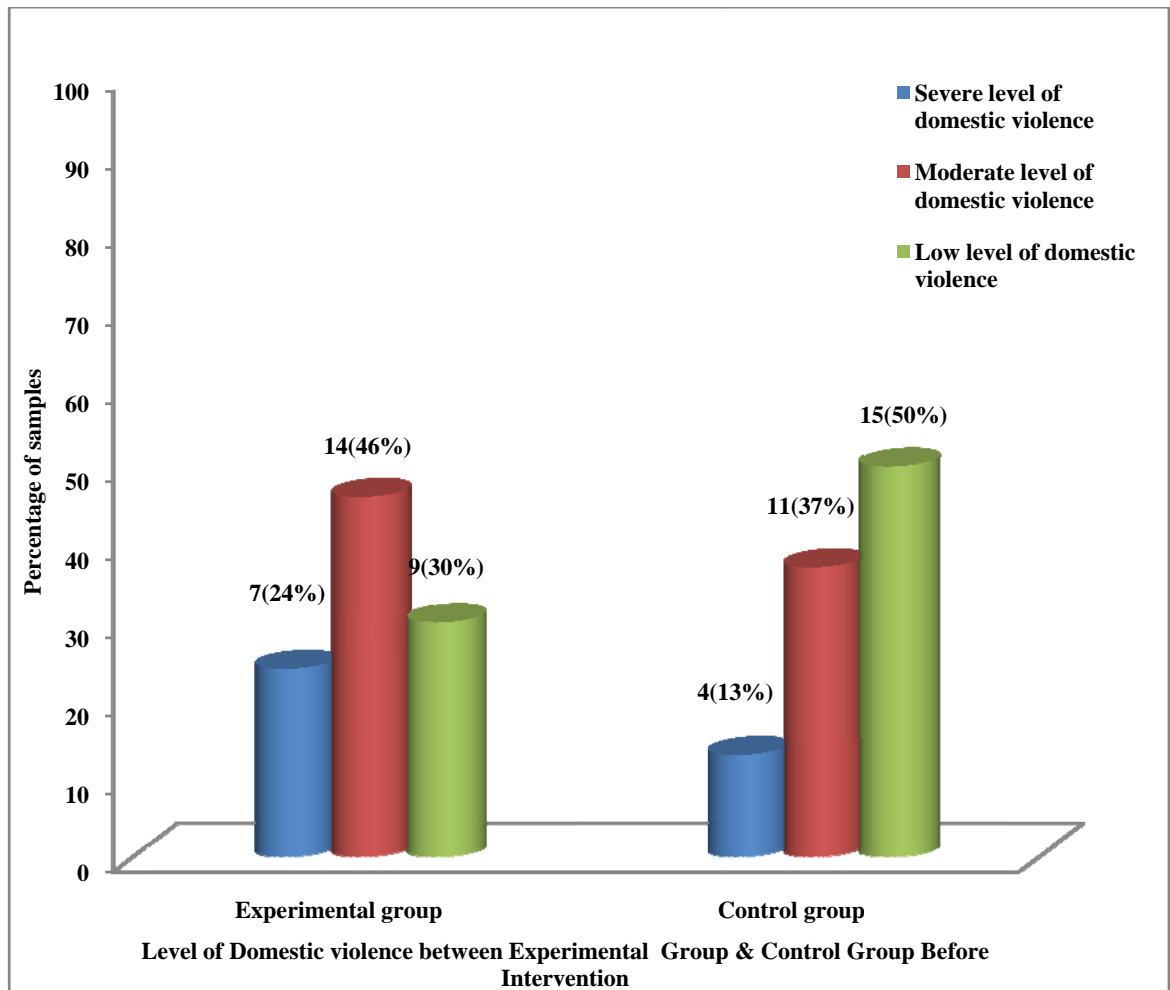


Fig-4.3: Cylinder diagram shows the level of domestic violence in control group and experimental group(Before intervention).

Figure 4.3 depicts that before intervention, in control group 4(13.3%) had severe level of domestic violence and 11(37%) samples had moderate level of domestic violence and 15(50%) samples had mild level of domestic violence. In experimental group, 7(23%) samples had severe level of domestic violence and 14(46%) sample had moderate level of domestic violence and 9(30%) samples had mild level of domestic violence.

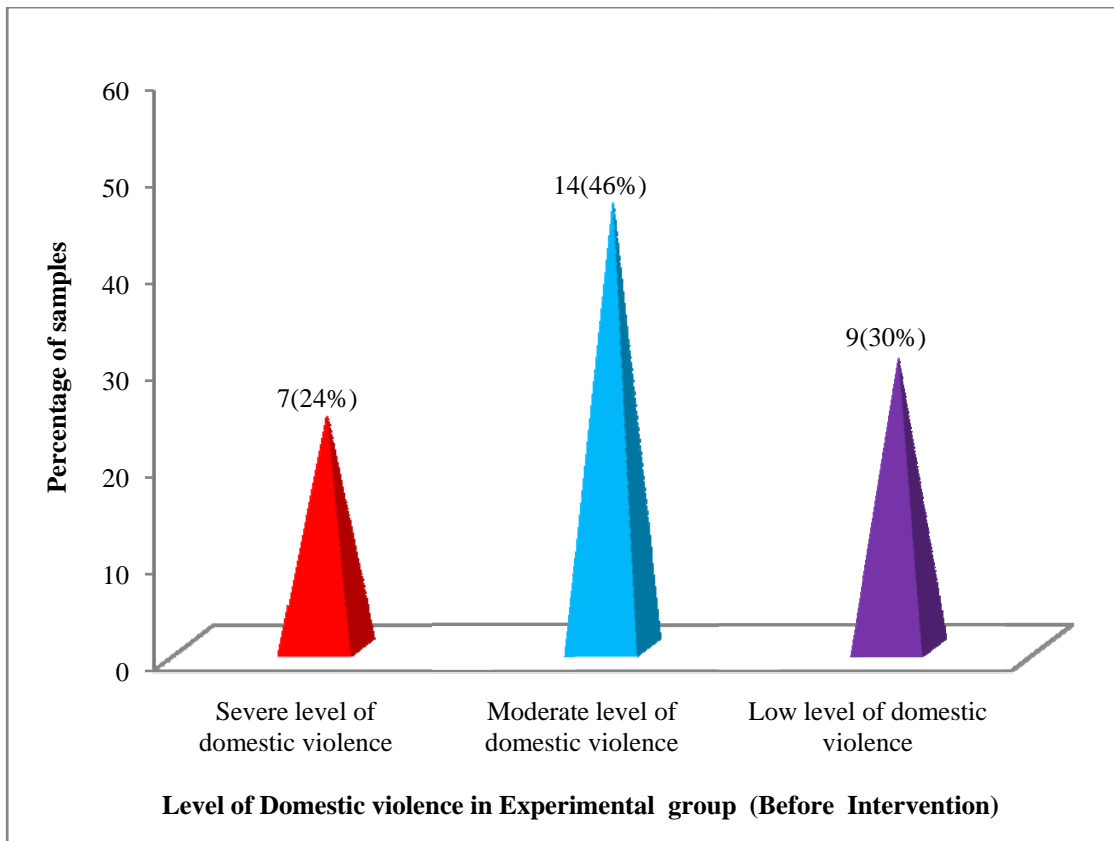


Fig-4.4: Cone diagram shows the Level of domestic violence in experimental group. (Before intervention)

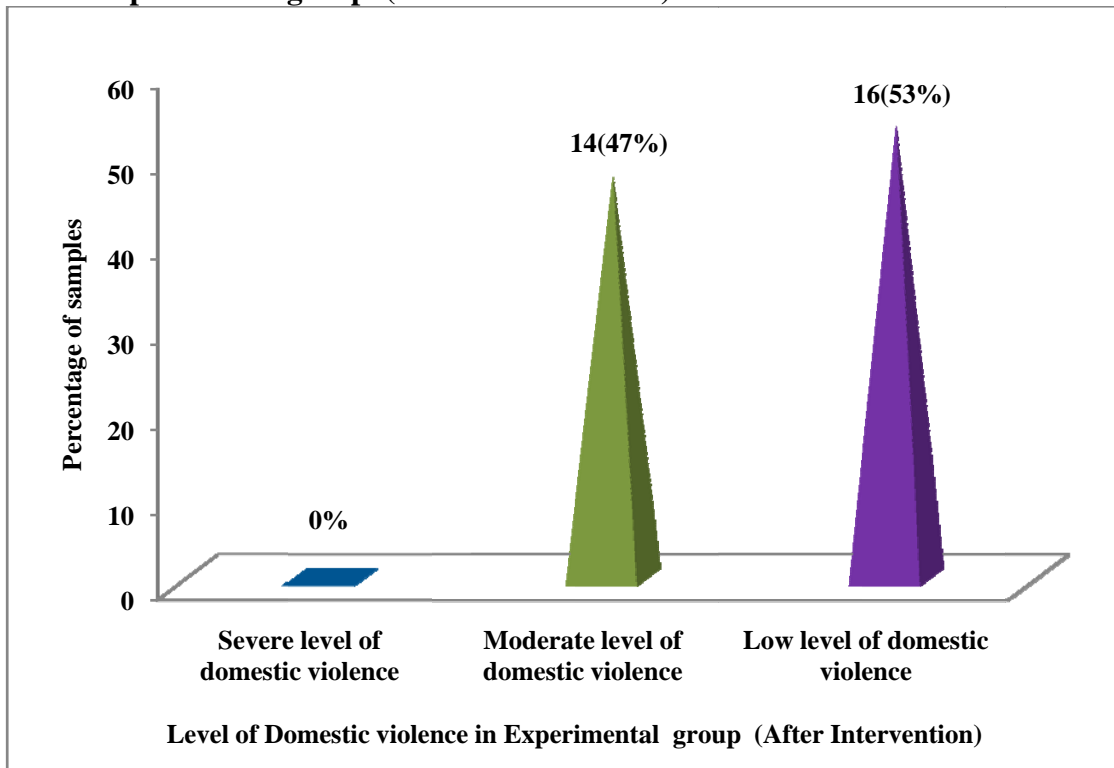


Fig-4.5: Cone diagram shows the Level of domestic violence in experimental group. (After intervention)

Figure 4.4 & 4.5 depicts the difference between the level of domestic violence, before and after intervention in experimental group. 14(46%) samples had moderate level of domestic violence, 16(53%) samples had mild level of domestic violence and no severe level of domestic violence, after intervention in experimental group.

CONCLUSION;

The pre-test and post-test scores of role recognition and emotional competence to face domestic violence among experimental and control group were assessed. Each objective and research hypotheses were tested by inferential statistics. It was referred that there was significant difference in the scores of emotional competence to face domestic violence in experimental group and significant association between pre-test level of emotional competence to face domestic violence positively among samples and their associated demographic variables.

Domestic violence has changed from severe level 24 % to 0%, moderate level 46% to 47 %, and 30% to 53% mild level in experimental group after intervention. Level of domestic violence has decreased after intervention, in experimental group.

SUMMARY

This chapter dealt with the analysis and interpretation of data regarding the level of domestic violence, scores of role recognition and emotional competence to face domestic violence among samples.

CHAPTER – V

DISCUSSION

“Action is the proper fruit of knowledge.”

This chapter deals with the discussion of major findings and recommendations in accordance with the study and hypothesis. The problem stated is to assess the effectiveness of Information Booklet on ‘face domestic violence positively [for married women]’ in terms of role recognition and emotional competence for married women in selected area at Salem.

The study was **quasi experimental pre-test post-test with control group design**. The study sample consists of 60 samples, (30 in each group) who are married women within 19-45 years of age in selected area at Salem.

5.1. Objective-1: To prepare and validate Information Booklet to face domestic violence positively for married women.

In this study as Nursing intervention, a group teaching on how to face domestic violence was conducted using PowerPoint presentation and the information booklet on ‘face domestic violence positively [for married women]’ was issued to married women with 19-45 years of age in Kari Patti area at Salem. It was developed by the researcher based on internet search, textbook published, journals, editorials, published and unpublished thesis. It was validated by 5 experts (3 nursing and 1 medical and 1 psychologist).

Jabaseeli Gladies Mary, (2012) conducted a study to evaluate the effectiveness of structured teaching program on knowledge and attitude

regarding impact of domestic violence on emotional and social development of children among mothers in selected areas, Bangalore. The research design adopted for this study is quasi experimental one group pre-test, post-test design, to measure the effectiveness of structured teaching programme on a sample of 30 respondents. Structured interview schedule was used to collect data.

5.2. Objective-2: To assess and compare the pre-test and post-test score on role recognition to face domestic violence positively among samples, within and between experimental and control group.

In this study pre and post-test was assessed by using structured interview schedule to assess role recognition to face domestic violence positively among 60 samples. In this study, pre-test assessment of role recognition to face domestic violence was carried out on the day 1. Group teaching using PowerPoint presentation was conducted and information booklet on ‘face domestic violence positively[for married woman]’ was issued to experimental group samples on the next day. First follow up and second follow up was done on day 10 and day 18. Samples of experimental group were encouraged to read and practice the information booklet. Doubts in the booklet were clarified by the researcher during follow up. Post test on day 28 was conducted among samples.

Ramadurai (2013), conducted a study on domestic violence in which among 15-19 year olds in India, 57 percent of boys and 53 percent of girls find wife beating acceptable. This is troubling since research suggests that women who justify wife beating are also more likely to report being subject to domestic violence

Gunnlaugsson G, Kristjansson AL, Einarsdottir J, Sigfusdottir ID(2007) conducted a population based study and found that 22% of the participants states that they had witnessed a severe verbal argument

between parents and 34% stated that they had been involved in a severe verbal argument with parents. Altogether 7% of adolescents had witnessed physical violence at home where an adult was involved and 6% of participants stated that they had experience of being involved in physical violence at home where an adult was involved. Witnessing or being involved in severe verbal arguments at home and/or witnessing or being involved in physical violence with an adult was significantly associated with greater levels of depression, anger, and anxiety, negatively related with self-esteem..

5.3. Objective-3: To assess and compare the pre-test and post-test score on emotional competence to face domestic violence positively among samples, within and between experimental and control group.

In this study pre and post-test emotional competence score was assessed by using structured interview schedule among 60 samples. In this study pre-test assessment of emotional competence was carried out on day 1 and group teaching using PowerPoint presentation was conducted and information booklet on ‘face domestic violence positively(for married women)’ was also issued to experimental group samples on day 2. First follow up and second follow up were done on day 10 and day 18 to experimental samples in which the samples were motivated to read and practice the booklet and doubts in it were clarified by the researcher. On day 28, Post test was conducted.

Nelis D, et.al., (2011) conducted a study to show that adult emotional competencies (EC) could be improved through a relatively brief training. In a set of 2 controlled experimental studies, the authors investigated whether developing EC could lead to improved emotional functioning; long-term personality changes; and important positive

implications for physical, psychological, social, and work adjustment. Results of Study 1 showed that 18 hr of training with e-mail follow-up was sufficient to significantly improve emotion regulation, emotion understanding, and overall EC. These changes led in turn to long-term significant increases in extraversion and agreeableness. Results of Study 2 showed that the development of EC brought about positive changes in psychological well-being, subjective health, quality of social relationships, and employability.

5.4. Objective-4: To find association between pre-test level of emotional competence to face the domestic violence positively among experimental group with their selected demographic variables. [Duration of marriage, bad habits of spouse].

Present study revealed that the chi-square value between the pre-test score on emotional competence among samples of experimental group and their duration of marriage was 0.46 was lesser than the table value 2.776. This shows that there is no significant association between the pre-test level of emotional competence to face domestic violence among samples of experimental group and their duration of marriage.

The chi-square value between the pre-test score on emotional competence among samples of experimental group and the bad habits of the spouse 4.77 was lesser than the table value 12.59. This shows that there is no significant association between the pre-test level of emotional competence to face domestic violence among samples of experimental group and the bad habits of the spouse.

V.R.S. Kavitha, (2012) performed a systematic review of the published literature by making use of the data from all India reports of the national family health survey in its 3rd round during 2005 – 06 on different forms of spousal violence experienced by ever married women between the ages of 15 – 49 years (66,658) belonging to all states and union territories of India. The prevalence rate, forms and the factors correlated with the forms of the violence were identified and help seeking behaviour of men and women were examined. At all India level, 35 percent of ever married women had experienced physical spousal violence, whereas 16 percent and 10 percent had encountered emotional and sexual violence, respectively. Further, these magnitudes vary considerably across the states and union territories of India. The correlation analysis revealed that, with a few exceptions, the magnitude of all the three forms of spousal violence has a negative correlation with percentage of women and men who have 10 + years of education, who are exposed to mass media, and also with the percentage of households wealth index that falls under 4-5 quintiles (richer and richest) at different levels of significance.

Madhabika B. Nayak, (2010) conducted a study on Partner alcohol use, violence and women's mental health: population-based survey in India. Data are reported on 821 women, aged 18–49 years from a larger population study in north Goa, India. Results showed that Excessive partner alcohol use increased the risk for common mental disorders two- to threefold. Partner violence and alcohol-related problems each partially mediated the association between partner excessive alcohol use and these mental disorders

Bontha and Shantanu, (2009) have observed from a study in Eastern India that among 1753 samples (married women) 21.1% in Jharkhand, 14.6% in West Bengal and 13.2% in Orissa face physical violence, while, 32.4% in Orissa, 19.7% in West Bengal and 27.4% in Jharkhand have experienced sexual violence, whereas, more than half of the women in all the above mentioned states were subjected to psychological violence. A significant relationship of domestic violence was observed with deviant behaviour of the husband like drug addiction, habitual gambling and practice of visiting Commercial Sex Workers besides addiction to alcohol

SUMMARY

This chapter dealt with the objectives, hypotheses, findings of the study, supportive study and discussion about the study.

CHAPTER- VI

SUMMARY, MAJOR FINDINGS, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION

“Only a life lived for others is a life worthwhile”

Albert Einstein.

This chapter is divided in to two sections. In the first section the summary of the study, findings are presented. In the second section implications in various areas of nursing practice, nursing education, nursing administration, nursing research suggestions, limitations, recommendations and conclusions for further study are presented.

6.1. SUMMARY OF THE STUDY

The main objective of the study was to assess the effectiveness of information booklet on face domestic violence positively [for married women], in terms of role recognition and emotional competence to face domestic violence positively among samples in selected area at Salem.

A quantitative evaluative research approach, quasi experimental pre-test post-test with control group design was used to determine the effectiveness of information booklet on face domestic violence positively [for married women], in terms of role recognition and emotional competence among samples in a selected community area. The study was conducted in Anna Nagar, Karipatti, Salem. Imogene King’s Goal Attainment Theory (1997) was chosen as a conceptual framework for this study.

Tools were prepared under guidance of experts and previous experiences of the researcher. The tool-I was demographic variables and

tool-II and tool-III and tool IV were structured interview schedule for assessing level of domestic violence, role recognition and emotional competence to face domestic violence respectively among the samples. Tool –V was a questionnaire to assess the responses of samples regarding role recognition and emotional competence to face domestic violence.

Content validity of the tool was obtained from 5 experts (3 Nursing personnel, 1 Medical personnel and 1 psychologist). Reliability of tools II, III, IV were estimated by split half method, for level of domestic violence $r'=1$, for role recognition to face domestic violence $r'=0.99$, and emotional competence to face domestic violence $r' = 0.99$. Reliability of tool IV was estimated by test –retest method, $r' = 0.9$. Information booklet on face domestic violence positively [for married women], was developed by the researcher under the guidance of subject experts. The content of the information booklet was validated by 5 experts and 100% agreement obtained. The pilot study was conducted with 6 samples in Shanmuga Seva Centre, Gandhi Nagar, Karipatti, Salem. No modification was done after pilot study.

The main study was conducted from 01-08-2014 to 28-08-2014 at Annanagar, Karipatti, Salem after obtaining formal permission. The samples were selected by adopting Non-probability purposive sampling technique and the total samples were 60. Written consent was obtained from the samples. On day 1, Pre-test was conducted to assess the level of domestic violence, role recognition to face domestic violence and emotional competence to face domestic violence and the responses of samples on role recognition and emotional competence to face domestic violence by using structured interview schedule.

On day 2, Group teaching on how to face domestic violence positively was carried out for experimental group and Issued an information booklet on 'Face Domestic violence Positively' to samples.[Nursing Intervention]. Booklet was self-explanatory and clarification of doubts was done, after the samples went through the booklet. On day 10, First follow up of nursing intervention was carried out. Samples were motivated and encouraged to read the booklet and follow it in daily life. Doubts in the booklet were clarified by the researcher for the samples. On day 18, Second follow up of nursing intervention was performed. Samples were motivated and encouraged to read the booklet and follow it in daily life. Doubts in the booklet were clarified by the researcher for the samples. On day 28, Post-test was conducted.

Finally, the collected data were analyzed by using descriptive and inferential statistics to assess the effectiveness of Information Booklet and also the data was interpreted based on objectives and hypotheses of the study.

6.2. MAJOR FINDINGS OF THE STUDY

I. Demographic Variables:

- Among the 60 samples 21(35%) belongs to age group of 19-25 and 18(30%) belongs to age group of 33-38 and 16(26%) belongs to age group 26-32 years.
- Regarding the educational status, majority of them 27(45%) had primary education and 7(12%) had no formal education and 4(6%) were graduates.
- Among the 60 samples, 23(38%) have been married between five to ten years, 20(33%) have been married for more than ten years, 17(28%) have been married within five years.

- Regarding the bad habits of spouse, among 60 samples, majority 21(35%) of them had both the habits of alcoholism and smoking and 18(30%) of them did not have any bad habits.

II. Findings related to role recognition to face domestic violence positively among married women:

In experimental group during pre -test 10(33%) samples had adequate level of role recognition to face domestic violence, 18(60%) samples had moderate level of role recognition to face domestic violence. During post –test 24(80%) samples had adequate level of role recognition to face domestic violence, 5(17%) samples had moderate level of role recognition to face domestic violence positively.

In control group during pre -test, 18(60%) samples had adequate level of role recognition to face domestic violence positively ,10(33%) samples had moderate level of role recognition to face domestic violence positively and 2(7%) samples had inadequate level of role recognition to face domestic violence. During post -test, 16(53%) samples had adequate level of role recognition to face domestic violence positively ,10(33%) samples had moderate level of role recognition to face domestic violence positively and 4(14%) samples had inadequate level of role recognition to face domestic violence.

In the pretest, the mean score of control group was 7.43 and standard deviation was 1.94 and experimental group mean score was 6.43 and standard deviation was 2.16. In the post test, the mean score of control group was 7.30 & standard deviation was 2.03 and experimental group mean score was 8.40 & standard deviation was 1.40.

III. Findings related to Emotional competence to face domestic violence positively among married women:

In experimental group during pre -test 13(43%) subjects had inadequate emotional competence score to face domestic violence positively, 13(43%) subjects had moderate emotional competence score to face domestic violence positively and 4 (13%) had adequate emotional competence score to face domestic violence positively .During post -test 9(30%) had moderate emotional competence score to face domestic violence positively and 21(70%) had adequate emotional competence score to face domestic violence positively and none had inadequate emotional competence score to face domestic violence positively .

In control group during pre -test, 2 (6.6%) subjects had inadequate emotional competence score to face domestic violence positively, 12(40%) had moderate emotional competence score to face domestic violence positively. During post -test, inadequate emotional competence score to face domestic violence positively was same as that of pre-test, 16(53%) had moderate emotional competence score to face domestic violence positively and 12(40%) had adequate emotional competence score to face domestic violence positively.

In the pretest, the mean score of control group was 7.96 and standard deviation was 2.19 and experimental group mean score was 9.56 and standard deviation was 1.99. In posttest, the mean score of experimental group was 10.76 & standard deviation was 2.34 and control group mean score was 9.83 & standard deviation was 2.19.

IV. Findings related to association between the level of emotional competence to face domestic violence of experimental group samples with demographic variables, duration of marriage and bad habits of spouse:

- ❖ The chi square value of pre-test emotional competence score to face domestic violence and their duration of marriage education on is 0.46 was lesser than the table value 2.77, which found no significant association at $p < 0.05$ level of significance.
- ❖ The chi square value of pre-test emotional competence score to face domestic violence and the bad habits of spouse is 4.77 was lesser than the table value 12.59, which found no significant association at $p < 0.05$ level of significance.

IV. Findings related to the level of domestic violence after intervention in experimental group.

Domestic violence has changed from severe level 24 % to 0%, moderate level 46% to 47 %, and 30% to 53% mild level in experimental group after intervention.

6.3. IMPLICATIONS

The findings of the study have various implications in various areas of nursing practice, nursing education, nursing administration, and nursing research.

6.3.1. Nursing Practice:

The function of a nurse is to promote health, prevent illness, to restore health and to alleviate sufferings. He/she is not only to give care to the patient but also to update the knowledge.

Domestic violence against women is more prevalent in all societies. A community mental health nurse plays an important role in educating married women regarding domestic violence. The key aim of this Information Booklet is to help the married women to be aware domestic violence and to face it positively, thus protecting oneself and children from consequences of domestic violence. The findings of the study clearly point out that Information Booklet is effective in improving the role recognition and emotional competence to face domestic violence positively. The community mental health nurse can encourage the married women regarding the early identification of domestic violence and preventive tips to safeguard herself and her children.

Nurse can also provide awareness to those married women at risk regarding recognizing the warning signs, and support groups to help her including law.

6.3.2. Nursing Education:

Nursing students can be educated on domestic violence and its ill effects on women and children. The nursing students should be emphasized to apply their knowledge in clinical and community areas. The nurse educators can use this study as a base while planning curriculum. Students should be encouraged to participate in the health education programs related to prevention and overcoming of domestic violence.

6.3.3. Nursing administration:

Nursing administrators are the high persons to identify the nature of problems and organize programs related to health promotion to the target population. They have to encourage the nurses and nursing students to organize and participate in programs which improve the knowledge

and attitude regarding domestic violence and its prevention among the target population. They also should take efforts to teach and train the health personnel regarding the innovative activities to face domestic violence positively with improved role recognition and emotional competence among married women.

6.3.4. Nursing Research:

Nurse researchers have significant role to play and conduct further research in this area to develop affordable, feasible and practicable models for nursing interventions to improve the knowledge regarding domestic violence.

Research is the strong foundation of evidence based on nursing practice, hence nursing staffs and students should be encouraged to conduct research regarding various techniques to prevent and to face domestic violence positively.

6.4. LIMITATIONS

1. The study was limited to a small sample group of 60, so generalizations were not possible.

6.5. RECOMMENDATIONS

Based on the findings and limitations of the present study, the researcher offered some suggestions for further research.

1. Large sample size could be included to generalize the findings.
2. Similar studies can be conducted in various settings.

6.6. CONCLUSION

Information booklet was effective in improving the role recognition and emotional competence to face domestic violence positively among the samples. It was found there was no significant

association between the pretest level of emotional competence and selected demographic variables of experimental group.

SUMMARY

This chapter dealt with summary, major findings, implications and conclusion of the study. It also included recommendations for future research in this area.

REFERENCES

1. Mary C.Townsend.(2000). "Psychiatric Mental Health Nursing", (4th edition), Davis Company, Philadelphia. P. 77-78.
2. Barbara B.Baner and Signe S. Hill(2000. "Mental Health Nursing", 9th edition),W.B. Saunders, Philadelphia.
3. Ben Green,(1996)."Problem Based Psychiatry",("1st edition"). Churchill, Edinburg.
4. Brooking JI(1996). A textbook of psychiatric and mental health nursing. (1st edition). Churchill Livingstone, New York.
5. Gail W.Stauart, (2001). "Principles and Practice of Psychiatry Nursing", Mosby, India.
6. Gail W.Stauart and Micheal T.Laraia,(2005).''Principles and Practice of Psychiatric Nursing''.(8th edition), Mosby, New Delhi.
7. Harold I.Kalpana and Benjamin J.Sadock,(2000).''Concise Text book of clinical psychiatry'' II Indian Reprint, Lippincott Williams & Wilkins,Noida.
8. Julia.(2000),''Text book of psychiatry and mental health nursing''. (1st edition), Churchill living's stone, Edenburg.
9. Kondala Rao K.M,(2006). "Perceived behavioral change", Health Action, New B.L.Wavery, New Delhi.
- 10.Louise Rebraca Shiver, (2005).''Basic concepts of psychiatric mental health nursing'', (6th edition), Lippincott Williams and Wilkins, Philadelphia.
- 11.Mary Varghese, (1998).''Essential of psychiatry and mental health nursing'', (2nd edition), Reed Elsevier, India.
- 12.Michel Golden and Dennis Gath, Richard Mayou and Philipeowen, (1996).''Oxford Textbook of Psychiatry'',(3rd edition), Oxford University, New York.

- 13.Morgan T. Clifford, (2001). “Introduction to psychology”. (15th edition), Tata McGraw Hill ,New Delhi.
14. Robert E Hales, Stuart C.Youdofisky and Jihn Talboh,(2001), “Textbook of Psychiatry”,(3rd edition), Jaypee brothers, New Delhi.
- 15.Sheila L.Videbeck,(2001). “Psyciatric and mental health nursing” reprint, Lippincott, Philadelphia.
- 16.Noveen Cavan Frisch, Lawrence E.Frish, 2007, “Psychiatric Mental Health Nursing”, 3rd edition, Sanat printers, Haryana.
- 17.Robert C.Carson, James N. Butcher,1992, “Abnormal Psychology &Modern life”, 9th edition, Harper Collins Publishers, Newyork.
- 18.C.N. Shankar Rao, 2002, “Sociology”,3rd edition, S.Chand & Company Ltd., New Delhi .
- 19.Fontaine-Fletcher “Mental Health Nursing”, 5th edition, 2009, Dorling Kindersley (India)Pvt Ltd., Delhi.
- 20.Mary Ann Boyd, “Psychiatric Nursing Contemporary Practice”, 4th edition, Wolters Kluwer/Lippincott, New Delhi.
- 21.Journal of Psychological Nursing and Mental Health Services. Vol-46, Number-12, Dec 2008.
- 22.Int J Epidemiol. 2009 Apr;38(2):577-85. doi: 10.1093/ije/dyn226. Epub 2008 Oct 24.
- 23.Bloch F, Rao V. Terror as a bargaining instrument: a case study of dowry violence in rural India. Am Econ Rev. 2002;92:1029–43[Pub Med].
24. Rao V. Wife-beating in rural South India: a qualitative and econometric analysis. Soc Sci Med.1997;44:1169–80. [PubMed].
- 25.Krishnan S. Gender, caste, and economic inequalities and marital violence in rural South India.Health Care Women Int. 2005;26:87–99. [PubMed].

Net Reference:

- 1.[http:// www.ndvh.org/](http://www.ndvh.org/).
- 2.[http:// www.domestic-violence.org/](http://www.domestic-violence.org/)
- 3.[http:// www.pubmed.org/](http://www.pubmed.org/)

ANNEXURE –I
LETTER SEEKING PERMISSION FOR CONDUCTING
RESEARCH STUDY

From,

Mrs.M.Jayalakshmi,
II-Year M.Sc. (N) Student,
Shanmuga College of Nursing,
24, Sarada college road,
Salem- 636007.

To,

The Principal,
Shanmuga College of Nursing,
24, Sarada college road,
Salem- 636007.

Respected Madam,

Sub: Requesting permission for conducting research study in Kariapatty.

I, II year M.Sc. (N).student of Shanmuga College of Nursing, Salem, as a partial fulfillment of Master of Science in Nursing Degree, I have undertaken the following research study.

Statement of the problem:

“A study to evaluate the effectiveness of planned nursing intervention to face the domestic violence positively, in terms of role recognition and emotional competence among married women at a selected area in Salem”.

With regard to this, I request you to allow me to conduct research study in Kariapatty.

Thanking you in anticipation.

Place: Salem

Date: 02.08.2014

Yours faithfully,


(M. Jayalakshmi)

*permitted
S. Mangalam
28/8/14*

ANNEXURE -II

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY OF TOOLS AND INDEPENDENT VARIABLE

From

Mrs. Jayalakshmi, M.,
II year M.Sc. (N) student,
Shanmuga College of Nursing
24, Sarada college road,
Salem- 636 007.

To

Through

The Principal,
Shanmuga College of Nursing,
24, Sarada College Road,
Salem- 636 007.

Respected Sir/Madam,

Sub: Expert opinion on content validity of the tool-M.Sc. (N) Research work-Reg.

I, Mrs. Jayalakshmi, M., II year M.Sc (N) student studying in Shanmuga College of Nursing, Salem, as a partial fulfilment of M.Sc (N) programme, is conducting, **“A study to evaluate the effectiveness of planned nursing intervention to face the domestic violence positively, in terms of role recognition and emotional competence among married women at a selected area in Salem”**.

So, I humbly request you to give me your valuable suggestions regarding the appropriateness of the tool. Kindly give your expert comments in the tool by using evaluation criteria.

Also, I request you to kindly sign the certificate stating that you have validated the tool. Your kind co-operation and your judgment will be very much appreciated.

Thanking you,

Place: Salem

Date:

Yours faithfully,

(Jayalakshmi)

Enclosures:

1. Statement of the problem & objective.
2. Tools and Independent variables
3. Evaluation criteria for content validity of tools and independent variable.
4. Content validity certificate

ANNEXURE -III
LIST OF EXPERTS VALIDATED THE TOOLS AND
INDEPENDENT VARIABLE

- 1) Dr.Vijayanath, MD,
Consultant Psychiatrist,
Shanmuga Hospital,
Salem.
- 2) Prof.S. Michael Jayaraj, M.Sc.,M.Phil.,
Prof.in Psychology,
Shanmuga College of Nursing,
Salem.
- 3) Mr. Antony Samy, MSc.,(N),
Vice Principal,Sc(N).,
KMC College Of Nursing,
Trichy.
- 4) Mr.Francis, M.Sc.(N),
Reader , Dept. of Psychiatric Nursing,
St. Xavier College Of Nursing,
Kumbakonam.
- 5) Mr. Newton Paul Singh,
Head of the Department,
Dept. of Psychiatric Nursing,
Swamy Vivekananda College Of Nursing,
Dharmapuri.

ANNEXURE -IV

EVALUATION CRITERIA FOR STRUCTURED INDIVIDUAL INTERVIEW SCHEDULE TO ASSESS THE ROLE REGOGNITION AND EMOTIONAL COMPETENCE AMONG MARRIED WOMEN.

TOOL –I DEMOGRAPHIC VARIABLES

Respected Sir / Madam,

I kindly request you to give me your valuable suggestions regarding content of the tool. Kindly go through the tool and give your response in the column given in the criteria table against each question. Please give your expert comment on the times you agree / disagree which will help in modification of the tool.

S. No.	Demographic variables	Level of acceptance		Remarks
		Agree	Disagree	
1.	Age in years a. 19 – 25 b. 26 – 32 c. 33 – 38 d. 39 – 45			

2.	Educational status a. No formal education b. Primary c. Secondary d. Higher secondary e. Graduate			
3.	Age at marriage a. Below 18 years b. Above 18 years			
4.	Duration of marriage a. Less than five years b. five to ten years c. More than ten years			
5.	Type of family a. Nuclear b. Joint			

6.	Number of children a. None b. One c. Two d. Three and above three			
7.	Occupation of self a. Home-maker b. Coolie c. Government employee/private employee d. Others-specify			
8.	Occupation of spouse a. Nil b. Coolie c. Government employee/private employee d. Others-specify			

9.	Family Income (Rs. per month) a. ₹3000 b. ₹3000- ₹6000 c. ₹7000 – ₹9000 d. ₹ >10,000			
10.	10. Is the spouse a. an alcoholic b. a smoker c. has any other bad habit(specify)			

TOOL – II: CHECKLIST TO ASSESS DOMESTIC VIOLENCE AMONG MARRIED WOMAN

S. No.	Content	Level of acceptance		Remarks
		Agree	Disagree	
I.	Physical abuse:			
1.	Does your spouse ,have either slapped/ pushed/ kicked/ hit/ throwed objects/ bitten/ beaten you with or without a weapon?			
2.	Does the physical abuse take place with reason?			
3.	Does the physical abuse take place without any reason?			
4.	Have you sought medical advice for physical abuse anytime?			
5.	Have you been injured by your spouse because of physical abuse?			
6.	Are you able to identify the triggering factors of your spouse?			
7.	Has your spouse beaten you demanding for dowry?			
II.	Verbal abuse:			
1.	Does your spouse insult you/humiliate you either in private or in company?			
2..	Does your spouse make fun of you or your family inappropriately?			

3.	Does your spouse accuse you of being unfaithful, not trying hard enough or purposely doing something to annoy you?			
4.	Does your spouse mock you or criticise your physical appearance, your interests, opinions or beliefs?			
5.	Does your spouse make your friends or family feel uncomfortable when visiting you so that they stop coming again?			
III.	Financial abuse:			
1	Does your spouse control your finances by withholding basic necessities?			
2.	Does your spouse steal money or valuable items from you?			
3.	Does your spouse prevent you from working?			
4.	Does your spouse force you to give all your salary to him?			
5.	Do you have the habit of saving money			
IV.	Emotional abuse:			
1.	Do you feel afraid of your spouse often related to any domestic abuse?			
2.	Do you avoid certain topics out of fear of agreeing your partner?			

3.	Does your spouse threaten you to hurt or kill you or threaten to commit suicide for any cause?			
4.	Does your spouse constantly check on you out of any suspiciousness?			
5.	Does your spouse refuse to discuss issues which are important to you?			
6.	Does your spouse isolate you for any cause?			
7.	Do you believe you deserve to be hurt or mistreated as being a wife?			
8.	Do you feel that your self-esteem is lost because of your spouse's abuse?			

TOOL-III: CHECKLIST TO ASSESS ROLE RECOGNITION AMONG MARRIED WOMAN

S. No.	Content	Level of acceptance		Remarks
		Agree	Disagree	
1.	Is you and your spouse's physical needs in day to day life are met mutually?			
2.	Is you and your spouse's psychological needs in day to day life are met mutually?			
3.	Are you being involved in decision making?			
4.	Are you able to maintain social relationships with your neighbours?			
5.	Do you have the freedom to share all your emotions with your spouse?			
6.	Do you feel that your spouse loves/likes you?			
7..	Are you being involved in child rearing and their education?			
8.	Are you getting emotional support from other family members			
9.	Are you involved in any purchase for the home			
10.	Are you attending social functions with your husband?			

TOOL – IV: CHECKLIST TO ASSESS EMOTIONAL COMPETENCE IN FACING DOMESTIC VIOLENCE

S. No.	Content	Level of acceptance		Remarks
		Agree	Disagree	
1.	Can you talk about important things to your husband without an argument? (FEELINGS).			
2.	Can you be kind and tuned into each other? (RELATING)			
3.	Can you switch the strong and weak roles mutually when necessary? (FLEXIBILITY)			
4.	Can you stay out of controlling power struggles? (DISAGREEMENTS)			
5.	Can you both agree on what to expect from each other?(EXPECTATIONS)			
6.	Can you come back to centre relatively soon, if you had a fight? (FORGIVENESS)			
7.	Do you often blame your spouse for being unfair?			

8.	Do you have the ability to adapt with aversive emotions and distressing circumstances of domestic violence?			
9.	Do you have the ability to use the right words when you are emotional (angry, sad, fear) and able to express in the right way?			
10.	Do you have the ability to recognise the reason for other's emotions?			
11.	Do you find difficult to disclose your innermost feelings even to close friends related to spousal abuse?			
12.	Do you prefer to just let thing's happen?			
13.	Do you prefer to analyse problems regarding domestic abuse rather than just describe them?			
14.	Do you feel that you have no control over the situation?			
15.	Do you find examination of your feelings useful in solving personal problems related to domestic violence?			

**TOOL- V: INDIVIDUAL INTERVIEW QUESTIONNAIRE TO ASSESS THE RESPONSE OF SAMPLES ON
ROLE RECOGNITION AND EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY.**

S. No.	Content	Level of acceptance		Remarks
		Agree	Disagree	
1.	Whom do you feel as a source for domestic violence? Is your spouse related to domestic violence?			
2.	How will you respond/react when you face domestic violence (any of the four types) with your spouse?			
3.	Do you feel that you are satisfied with your role as a wife, if not how? If yes how?			
4.	How have you been involved in decision making related to child bearing and rearing?			
5.	How will you be recognised by your spouse when you achieve something?			
6.	How do you want your spouse to be, towards you?			
7.	Do you believe that you can change your spouse's abusing behaviour? If yes, how, if no why?			

EVALUATION CRITERIA FOR VALIDITY OF INDEPENDENT VARIABLE

Respected sir/madam,

Kindly go through the independent variable and give your response in the columns given in the criterion table. I kindly request you to give your suggestions on the content of booklet on 'FACE DOMESTIC VIOLENCE POSITIVELY[For married women]'.

S.NO	Content	Level of acceptance		Remarks
		Agree	Disagree	
	Booklet on 'FACE DOMESTIC VIOLENCE POSITIVELY[For married women]'.			
1.	Has covered the entire content on Domestic violence.			
2.	Has item been arranged in sequence			
3.	Has item been organized in logical order			
4.	Whether the content is appropriate			
5.	Whether the language is simple			
6.	Whether the Booklet is relevant to the topic			

ANNEXURE -V

TABULAR COLUMN INDICATING MODIFICATION OF THE TOOL ACCORDING TO THE EXPERT'S SUGGESTIONS.

RESEARCH TOOL;

TOOL –I Demographic variables

S. No.	Content	Level of acceptance		Action taken Retained/modified/deleted/ Introduced
		% of Agree	% Of Disagree	
1.	Age in years a. 19 – 25 b. 26 – 32 c. 33 – 38 d. 39 – 45	80%	20%	Retained
2.	Educational status a. No formal education b. Primary c. Secondary d. Higher secondary e. Graduate	100%	-	Retained

3.	Age at marriage a. Below 18 years b. Above 18 years	80%	20%	Retained
4.	Duration of marriage a. Less than five years b. five to ten years c. More than ten years	100%	100%	Retained
5.	Type of family a. Nuclear b. Joint	100%	100%	Retained
6.	Number of children a. None b. One c. Two d. Three and above three	100%	100%	Retained
7.	Occupation of self a. Home-maker b. Daily wage c. Government employee/private employee d. Others-specify	80%	20%	Coolie is modified as 'daily wage'.

8.	Occupation of spouse a. Nil b. Daily wage c. Government employee/private employee d. Others-specify	80%	20%	Coolie is modified as 'daily wage'.
9.	Family Income (Rs. per month) a. ₹3000 b. ₹3000- ₹6000 c. ₹7000 – ₹9000 d. ₹ >9,000	80%	20%	Modified
10.	10. Is the spouse a. an alcoholic b. a smoker c. has any other bad habit(specify) d. both a and b	80%	20%	Modified

TOOL – II: CHECKLIST TO ASSESS DOMESTIC VIOLENCE AMONG MARRIED WOMAN

S. No.	Content	Level of acceptance		Action taken Retained/modified/deleted/ Introduced
		% of Agree	% of Disagree	
I.	Physical abuse:			
1.	Does your spouse ,have either slapped/ pushed/ kicked/ hit/ throwed objects/ bitten/ beaten you with or without a weapon?	100%	-	Retained
2.	Does the physical abuse take place with reason?	100%	-	Retained
3.	Does the physical abuse take place without any reason?	100%	-	Retained
4.	Have you sought medical advice for physical abuse anytime?	100%	-	Retained
5.	Have you been injured by your spouse because of physical abuse?	100%	-	Retained
6.	Are you able to identify the triggering factors of your spouse?	100%	-	Retained
7.	Has your spouse beaten you demanding for dowry?	100%	-	Retained

II.	Verbal abuse:	100%	-	Retained
1.	Does your spouse insult you/humiliate you either in private or in company?			
2..	Does your spouse make fun of you or your family inappropriately?	100%	-	Retained
3.	Does your spouse accuse you of being unfaithful, not trying hard enough or purposely doing something to annoy you?	100%	-	Retained
4.	Does your spouse mock you or criticise your physical appearance, your interests, opinions or beliefs?	100%	-	Retained
5.	Does your spouse make your friends or family feel uncomfortable when visiting you so that they stop coming again?	100%	-	Retained
III.	Financial abuse:			
1	Does your spouse control your finances by withholding basic necessities?	100%	-	Retained
2.	Does your spouse steal money or valuable items from you?	100%	-	Retained
3.	Does your spouse prevent you from working?	100%	-	Retained
4.	Does your spouse force you to give all your salary to him?	100%	-	Retained

5.	Do you have the habit of saving money	100%	-	Retained
IV.	Emotional abuse:	100%		Retained
1.	Do you feel afraid of your spouse often related to any domestic abuse?		-	
2.	Do you avoid certain topics out of fear of agreeing your partner?	100%	-	Retained
3.	Does your spouse threaten you to hurt or kill you or threaten to commit suicide for any cause?	100%	-	Retained
4.	Does your spouse constantly check on you out of any suspiciousness?	100%	-	Retained
5.	Does your spouse refuse to discuss issues which are important to you?	100%	-	Retained
6.	Does your spouse isolate you for any cause?	100%	-	Retained
7.	Do you believe you deserve to be hurt or mistreated as being a wife?	100%	-	Retained
8.	Do you feel that your self-esteem is lost because of your spouse's abuse?	100%	-	Retained

TOOL-III: CHECKLIST TO ASSESS ROLE RECOGNITION AMONG MARRIED WOMAN

S. No.	Content	Level of acceptance		Action taken Retained/modified/deleted/ Introduced
		% of Agree	% of Disagree	
1.	Is you and your spouse's physical needs in day to day life are met mutually?	100%	-	Retained
2.	Is you and your spouse's psychological needs in day to day life are met mutually?	100%	-	Retained
3.	Are you being involved in decision making?	100%	-	Retained
4.	Are you able to maintain social relationships with your neighbours?	100%	-	Retained
5.	Do you have the freedom to share all your emotions with your spouse?	100%	-	Retained
6.	Do you feel that your spouse loves/likes you?	100%	-	Retained
7..	Are you being involved in child rearing and their education?	100%	-	Retained
8.	Are you getting emotional support from other family members	100%	-	Retained
9.	Are you involved in any purchase for the home	100%	-	Retained
10.	Are you attending social functions with your husband?	100%	-	Retained

TOOL – IV: CHECKLIST TO ASSESS EMOTIONAL COMPETENCE IN FACING DOMESTIC VIOLENCE

S. No.	Content	Level of acceptance		Action taken Retained/modified/deleted/ Introduced
		Agree	Disagree	
1.	Can you talk about important things to your husband without an argument? (FEELINGS).	100%	-	Retained
2.	Can you be kind and tuned into each other? (RELATING)	100%	-	Retained
3.	Can you switch the strong and weak roles mutually when necessary? (FLEXIBILITY)	100%	-	Retained
4.	Can you stay out of controlling power struggles? (DISAGREEMENTS)	100%	-	Retained
5.	Can you both agree on what to expect from each other?(EXPECTATIONS)	100%	-	Retained
6.	Can you come back to centre relatively soon, if you had a fight? (FORGIVENESS)	100%	-	Retained
7.	Do you often blame your spouse for being unfair?	100%	-	Retained
8.	Do you have the ability to adapt with aversive emotions and distressing circumstances of domestic violence?	100%	-	Retained

9.	Do you have the ability to use the right words when you are emotional (angry, sad, fear) and able to express in the right way?	100%	-	Retained
10.	Do you have the ability to recognise the reason for other's emotions?	100%	-	Retained
11.	Do you find difficult to disclose your innermost feelings even to close friends related to spousal abuse?	100%	-	Retained
12.	Do you prefer to just let thing's happen?	100%	-	Retained
13.	Do you prefer to analyse problems regarding domestic abuse rather than just describe them?	100%	-	Retained
14.	Do you feel that you have no control over the situation?	100%	-	Retained
15.	Do you find examination of your feelings useful in solving personal problems related to domestic violence?	100%	-	Retained

TOOL- V: INDIVIDUAL INTERVIEW QUESTIONNAIRE TO ASSESS ROLE RECOGNITION AND EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY.

S. No.	Content	Level of acceptance		Action taken Retained/modified/deleted/ Introduced
		% of Agree	% of Disagree	
1.	Whom do you feel as a source for domestic violence? Is your spouse related to domestic violence?	100%	-	Retained
2.	How will you respond/react when you face domestic violence (any of the four types) with your spouse?	100%	-	Retained
3.	Do you feel that you are satisfied with your role as a wife, if not how? If yes how?	100%	-	Retained
4.	How have you been involved in decision making related to child bearing and rearing?	100%	-	Retained
5.	How will you be recognised by your spouse when you achieve something?	100%	-	Retained
6.	How do you want your spouse to be, towards you?	100%	-	Retained
7.	Do you believe that you can change your spouse's abusing behaviour? If yes, how, if no why?	100%	-	Retained

EVALUATION CRITERIA FOR VALIDITY OF INDEPENDENT VARIABLE

Respected sir/madam,

Kindly go through the independent variable and give your response in the columns given in the criterion table. I kindly request you to give your suggestions on the content of booklet on 'FACE DOMESTIC VIOLENCE POSITIVELY[For married women]'.

S.NO	Content	Level of acceptance		Remarks
		% of Agree	% of Disagree	
	Booklet on 'FACE DOMESTIC VIOLENCE POSITIVELY[For married women]'.			Retained
1.	Has covered the entire content on Domestic violence.	100%	-	Retained
2.	Has item been arranged in sequence	100%	-	Retained
3.	Has item been organized in logical order	100%	-	Retained
4.	Whether the content is appropriate	100%	-	Retained
5.	Whether the language is simple	100%	-	Retained
6.	Whether the Booklet is relevant to the topic	100%	-	Retained

ANNEXURE –VI

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tools and independent variable (Booklet on “Face domestic violence positively (for married women)”) of Mrs.JAYALAKSHMI.M., M.Sc (N) II–Year student of Shanmuga College of Nursing, Salem, who is undertaking, **“A study to evaluate the effectiveness of planned nursing intervention to face the domestic violence positively, in terms of role recognition and emotional competence among married women at a selected area in Salem”**.

Place:

Signature of the expert:

Date:

Name and Designation

ANNEXURE -VII
STRUCTURED INDIVIDUAL INTERVIEW SCHEDULE TO
ASSESS THE ROLE RECOGNITION AND EMOTIONAL
COMPETENCE AMONG MARRIED WOMEN
TOOL-I
DEMOGRAPHIC DATA

Instructions:

The researcher will ask certain information about the sample [married woman], and tick the options according to the response of the sample.

The answer given by the sample will be used only for this research purpose and will be kept confidential.

Date:

Sample no. : _____

Demographic data of married women

1. Age in years

- a. 19 – 25 ()
- b. 26 – 32 ()
- c. 33 – 38 ()
- d. 39 – 45 ()

2. Educational status

- a. No formal education ()
- b. Primary ()
- c. Secondary ()
- d. Higher secondary ()
- e. Graduate ()

3. Age at marriage

- a. 19-21 years ()
- b. 22-24 years ()
- c. above 25years ()

4. Duration of marriage
- a. Less than five years ()
 - b. Five to ten years ()
 - c. More than ten years ()
5. Type of family
- a. Nuclear ()
 - b. Joint ()
6. Number of children
- a. None ()
 - b. One ()
 - c. Two ()
 - d. Three and above three ()
7. Occupation of self
- a. Home-maker ()
 - b. Daily wage ()
 - c. Government employee/private employee ()
 - d. Others-specify ()
8. Occupation of spouse
- a. Nil ()
 - b. Daily wage ()
 - c. Government employee/private employee ()
 - d. Others-specify ()
9. Bad habits of the spouse
- a. an alcoholic ()
 - b. a smoker ()
 - c. both ()
 - d. nil ()

TOOL - II

CHECKLIST TO ASSESS DOMESTIC VIOLENCE AMONG MARRIED WOMAN

Instructions:

Dear participant, this tool consists of questions related to domestic violence. The researcher will ask questions. Before answering, clarify the doubts in the question if any, and say 'YES' or 'NO'. The researcher will tick the options according to your response.

S. No.	CONTENT	NO (0)	YES (1)
I.	Physical abuse:		
1.	Does your spouse , have either slapped/ pushed/ kicked/ hit/ throwed objects/ bitten/ beaten you with or without a weapon?		
2.	Does the physical abuse take place with reason?		
3.	Does the physical abuse take place without any reason?		
4.	Have you sought medical advice for physical abuse anytime?		
5.	Have you been injured by your spouse because of physical abuse?		
6.	Are you able to identify the triggering factors of your spouse?		
7.	Has your spouse beaten you demanding for dowry?		
II.	Verbal abuse:		
1.	Does your spouse insult you/humiliate you either in private or in company?		
2..	Does your spouse make fun of you or your family inappropriately?		

3.	Does your spouse accuse you of being unfaithful, not trying hard enough or purposely doing something to annoy you?		
4.	Does your spouse mock you or criticise your physical appearance, your interests, opinions or beliefs?		
5.	Does your spouse make your friends or family feel uncomfortable when visiting you so that they stop coming again?		
III.	Financial abuse:		
1	Does your spouse control your finances by withholding basic necessities?		
2.	Does your spouse steal money or valuable items from you?		
3.	Does your spouse prevent you from working?		
4.	Does your spouse force you to give all your salary to him?		
5.	Do you have the habit of saving money		
IV.	Emotional abuse:		
1.	Do you feel afraid of your spouse often related to any domestic abuse?		
2.	Do you avoid certain topics out of fear of agreeing your partner?		
3.	Does your spouse threaten you to hurt or kill you or threaten to commit suicide for any cause?		
4.	Does your spouse constantly check on you out of any suspiciousness?		
5.	Does your spouse refuse to discuss issues which are important to you?		

6.	Does your spouse isolate you for any cause?		
7.	Do you believe you deserve to be hurt or mistreated as being a wife?		
8.	Do you feel that your self-esteem is lost because of your spouse's abuse?		

TOOL-III

CHECKLIST TO ASSESS ROLE RECOGNITION AMONG

MARRIED WOMAN

S.No.	CONTENT	NO (0)	YES (1)
1.	Is you and your spouse's physical needs in day to day life are met mutually?		
2.	Is you and your spouse's psychological needs in day to day life are met mutually?		
3.	Are you being involved in decision making?		
4.	Are you able to maintain social relationships with your neighbours?		
5.	Do you have the freedom to share all your emotions with your spouse?		
6.	Do you feel that your spouse loves/likes you?		
7..	Are you being involved in child rearing and their education?		
8.	Are you getting emotional support from other family members		
9.	Are you involved in any purchase for the home		
10.	Are you attending social functions with your husband?		

TOOL – IV

**CHECKLIST TO ASSESS EMOTIONAL COMPETENCE IN
FACING DOMESTIC VIOLENCE**

Instructions:

Dear participant, this part consists of questions related to your emotional competence when you face domestic violence between you and your husband. Listen to each question the researcher asks and answer accordingly. The researcher will put a (✓) mark to the option you choose.

S.No.	CONTENT	NO (0)	YES (1)
1.	Can you talk about important things to your husband without an argument? (FEELINGS).		
2.	Can you be kind and tuned into each other? (RELATING)		
3.	Can you switch the strong and weak roles mutually when necessary? (FLEXIBILITY)		
4.	Can you stay out of controlling power struggles? (DISAGREEMENTS)		
5.	Can you both agree on what to expect from each other?(EXPECTATIONS)		
6.	Can you come back to centre relatively soon, if you had a fight? (FORGIVENESS)		
7.	Do you often blame your spouse for being unfair?		
8.	Do you have the ability to adapt with aversive emotions and distressing circumstances of domestic violence?		
9.	Do you have the ability to use the right words when you are emotional (angry, sad, fear) and able to express in the right way?		

10.	Do you have the ability to recognise the reason for other's emotions?		
11.	Do you find difficult to disclose your innermost feelings even to close friends related to spousal abuse?		
12.	Do you prefer to just let thing's happen?		
13.	Do you prefer to analyse problems regarding domestic abuse rather than just describe them?		
14.	Do you feel that you have no control over the situation?		
15.	Do you find examination of your feelings useful in solving personal problems related to domestic violence?		

LEVEL OF DOMESTIC VIOLENCE;

SCORING TECHNIQUE;

Severe level of domestic violence : 76 percent to 100percent.

Moderate level of domestic violence : 51 percent to 75percent.

Low level of domestic violence : below 50 percent.

TOOL- V

INDIVIDUAL INTERVIEW QUESTIONNAIRE TO ASSESS THE RESPONSE OF SAMPLES ON DOMESTIC VIOLENCE

Instructions:

Dear participant, this part consists of interview questions related to your role recognition, emotional competence when you face domestic violence. You are requested to listen to each question the researcher asks and answer accordingly. Your reply will be recorded .All information will be kept confidential and is used only for research purpose.

1. Whom do you feel as a source for domestic violence? Is your spouse related to domestic violence?

2. How will you respond/react when you face domestic violence (any of the four types) with your spouse?

3. Do you feel that you are satisfied with your role as a wife, if not how?
If yes how?

4. How have you been involved in decision making related to child bearing and rearing?

5. How will you be recognised by your spouse when you achieve something?
6. How do you want your spouse to be, towards you?
7. Do you believe that you can change your spouse's abusing behaviour?
If yes, how, if no why?

திருமணமான பெண்களைப் பற்றிய தன்பங்கின் புரிதல் தன்மையையும்,
அவர்களைப் பற்றிய மனஉணர்வுகளின் தெளிவையும் வெளிப்படுத்தும்
தனித்துவ பேட்டிக்கான வடிவமைப்பு

கருவி - 1

சமுதாய குறிப்பு வேறுபாடுகளை உள்ளடக்கிய விபரங்கள்
குறிப்புகள்:

ஆய்வாளர் சில குறிப்பான தகவல்களை பங்காளரிடமிருந்து
(திருமணமான பெண்) கேட்டு பதிலுக்கான குறியீட்டின் அடைப்பில் (✓)
குறியீட்டை இடுவர். பங்காளர் அளிக்கும் பதில்கள் இரகசியமாக
வைக்கப்பட்டு ஆய்விற்காக மட்டுமே பயன்படுத்தப்படும்.

நாள்:

பங்காளர் எண்:

திருமணமான பெண்களைப் பற்றிய (புள்ளிவிபரத்) தரவுகள்

1. வயது ஆண்டுகளில்

- அ) 19 - 25 ()
- ஆ) 26 - 32 ()
- இ) 33 - 38 ()
- ஈ) 39 - 45 ()

2. கல்வித்தகுதி

- அ) அடிப்படைக் கல்வியின்மை ()
- ஆ) ஆரம்பப்பள்ளித்தகுதி ()
- இ) உயர்நிலைக் கல்வித்தகுதி ()
- ஈ) மேல்நிலைக் கல்வித்தகுதி ()
- உ) பட்டதாரி ()

3. திருமணத்தின் பொழுது வயது

- அ) 18 வயதிற்கு கீழ் ()
- ஆ) 18 வயதிற்கு மேல் ()

4. திருமணம் நடந்து முடிந்த வருடங்கள்

- அ) 5 ஆண்டிற்கும் கீழ் ()
- ஆ) 5-10 ஆண்டுகள் ()
- இ) 10 ஆண்டிற்கு மேல் ()

5. குடும்ப அமைப்பு
- அ) தனிக்குடும்பம் ()
- ஆ) கூட்டுக்குடும்பம் ()
6. குழந்தைகளின் எண்ணிக்கை
- அ) இல்லை ()
- ஆ) ஒன்று ()
- இ) இரண்டு ()
- ஈ) மூன்று அல்லது மூன்றனுக்கு மேல் ()
7. சுயதொழில் பற்றிய விவரம்
- அ) வீட்டு நிர்வாகம் ()
- ஆ) தினக்கூலி ()
- இ) அரசு அல்லது தனியார் நிறுவன அலுவலர் ()
- ஈ) மற்றவை - குறிப்பிடுக. ()
8. வாழ்க்கைத் துணைவரின் தொழில் பற்றிய நிலை
- அ) இல்லை ()
- ஆ) கூலி ()
- இ) அரசு அல்லது தனியார் நிறுவன அலுவலர் ()
- ஈ) மற்றவை - குறிப்பிடுக. ()
9. குடும்பத்தின் மாத வருமானம்
- அ) ரூ.3000 ()
- ஆ) ரூ.3000 முதல் ரூ.6000 வரை ()
- இ) ரூ.7000 முதல் ரூ.9000 ()
- ஈ) ரூ.9000க்கும் மேல் ()
10. வாழ்க்கைத் துணைவர் பற்றிய நிலை (உங்கள் கணவர்)
- அ) மது அருந்துபவர் ()
- ஆ) புகைப்பிடிப்பவர் ()
- இ) மற்ற ஏதேனும் தீயப்பழக்கம் உண்டா? குறிப்பிடுக. ()
- ஈ) (அ) மற்றும் (ஆ) இரண்டும் ()

கருவி எண்- 2

**குடும்ப வன்முறை பற்றி திருமணமான பெண்களிடம் நேர்காணலுக்கான
வினாவிடை**

குறிப்புகள்

அன்பார்ந்த பங்காளரே, இந்த கருவி குடும்ப வன்முறை குறித்த கேள்விகளை உள்ளடக்கியுள்ளது. ஆய்வாளர் கேள்விகளைக் கேட்பார். புதிலளிக்கும் முன், ஏதேனும் ஐயம் இருப்பின், அதனைச் சரி செய்த பின், சரி அல்லது தவறு என்று பதிலளியுங்கள். ஆய்வாளர் தங்களின் பதிலினை (✓) என்ற குறியீட்டின் மூலம் குறிப்பார்.

வ. எண்	பொருள்	இல்லை (0)	ஆம் (1)
1.	குடும்ப வன்முறை (உடல் காயங்கள்)		
1.	உங்களுடைய கணவர் உங்களை அறைதல், தள்ளிவிடுதல், உதைத்தல், அடித்தல், வீசி எறிதல், பலமாக அடித்தல், ஏதேனும் கருவிகள் கொண்டு தாக்குதல் முதலான செயல்களை செய்தததுண்டா?		
2.	ஏதேனும் காரணம் கொண்டு சண்டையிட்டது உண்டா?		
3.	ஏதேனும் காரணமில்லாமலே சண்டையிட்டது உண்டா?		
4.	கணவர் அடித்தமையால் மருத்துவரிடம் ஆலோசனைக்குச் சென்றதுண்டா?		
5.	உங்கள் கணவர் அடித்ததால் உடற்காயங்கள் ஏற்பட்டதுண்டா?		
6.	உங்கள் கணவரின் தூண்டுதல் காரணிகளை உங்களால் அடையாளம் கண்டுகொள்ள முடிகிறதா?		

7.	உங்களுடைய கணவர் உங்களிடம் வரதட்சணைக் கேட்டு அடித்ததுண்டா?		
II.	மனக்காயங்கள் (விமர்சனங்கள்)		
1.	உங்கள் கணவர் உங்களை பொது இடத்திலோ அல்லது தனியாகவோ (கேலி) அவமானப்படுத்தியது உண்டா?		
2.	உங்களையும், உங்கள் குடும்பத்தையும் ஏதும் சம்மந்தமின்றி கேலி பேசியதுண்டா?		
3.	தங்களிடத்தில் உண்மையில்லையென்றும், கடின உழைப்பில்லையென்றும் அல்லது வேண்டுமென்றே ஏதேனும் காரணம் காட்டி விமர்சித்ததுண்டா?		
4.	தங்களின் உடல்தோற்றம், ஆர்வம், கருத்து ஆகியவற்றினைப் பற்றி கேலியும், விமர்சனமும் செய்ததுண்டா?		
5.	தங்கள் குடும்பத்தைச் சார்ந்தவர்கள் மற்றும் நண்பர்கள் வீட்டிற்கு வரும்பொழுது அவர்களை வரவேற்காத நிலையில் உங்கள் கணவர் அவர்களை வராமல் தடுத்ததுண்டா?		
III.	பொருளாதாரத் துஷ்பிரயோகம்		
1.	உங்களுடைய கணவர் உங்களுடைய அடிப்படைத் தேவைகளையும் பணத் தேவைகளையும் கட்டுப்படுத்தியதுண்டா?		
2.	உங்களுடைய கணவர் உங்களுடைய பணத்தையோ, பொருளையோ திருடியதுண்டா?		
3.	உங்கள் கணவர் உங்களை வேலைச் செய்ய விடாமல் தடுத்ததுண்டா?		

4.	உங்களுடைய கணவர் உங்களின் ஊதியம் முழுவதும் கேட்டு துன்பப்படுத்தியதுண்டா?		
5.	உங்களுக்கு பணம் சேமிக்கும் பழக்கம் உண்டா?		
IV	உணர்ச்சி துஷ்பிரயோகம்		
1.	உங்கள் கணவரால் ஏதேனும் குடும்ப வன்முறை வருமோ? என்று அடிக்கடி பயந்ததுண்டா?		
2.	உங்கள் கணவர் ஏற்றுக்கொள்ளமாட்டாரோ என்கிற பயத்தினால் சில காரியங்களை அவரிடமிருந்து விலக்கினதுண்டா?		
3.	உங்கள் கணவர் உங்களை காயப் படுத்துவதாகவோ அல்லது கொன்றுவிடுவேன் என்றோ, அல்லது அவரை விட்டுப்போனால் தற்கொலை செய்து கொள்வேன் என்றோ மிரட்டியதுண்டா?		
4.	உங்கள் மேல் உள்ள சந்தேகத்தினால் உங்கள் கணவர் உங்களை வேவு பார்த்துண்டா?		
5.	உங்கள் கணவர் உங்களுக்குரிய முக்கியமான காரியங்களை உங்களிடம் கலந்துரையாட மறுத்ததுண்டா?		
6.	ஏதேனும் காரணத்திற்காக உங்களை உங்கள் கணவர் தனிமைப்படுத்தியதுண்டா?		
7.	மனைவியாக இருப்பதால், அடிக்கப்படவும், இழிவாக நடத்தவும் படலாம் என நம்புகிறீர்களா?		
8.	உங்கள் கணவரின் துஷ்பிரயோகத்தால், உங்கள் சுயமரியாதையை இழந்ததாக கருதுகிறீர்களா?		

கருவி எண்- 3

திருமணமான பெண்களின் தன் பங்கின் புரிதல் தன்மையைக் குறித்து
அறிவதற்கான வினாவிடை

வ. எண்	பொருள்	இல்லை (0)	ஆம் (1)
1.	அன்றாடம் நீங்களும் உங்கள் கணவரும், இருவரின் சரீர தேவைகளை சுமுகமாக சந்திக்கிறீர்களா?		
2.	உங்கள் இருவரின் உள்ளம் சார்ந்த தேவைகளை சுமுகமாக சந்திக்கிறீர்களா?		
3.	முடிவெடுக்கும் காரியத்தில் நீங்கள் ஈடுபடுத்தப்படுகிறீர்களா?		
4.	உங்கள் அயலாரோடு உள்ள சுமுக உறவுகளை தொடர முடிகிறதா?		
5.	உங்கள் எல்லா உணர்வுகளையும் உங்கள் கணவரோடு சுதந்திரமாக பகிர்ந்துக்கொள்ள முடிகிறதா?		
6.	உங்களை உங்கள் கணவர் விரும்புவதாக உணருகிறீர்களா?		
7.	குழந்தை வளர்ப்பிலும் அவர்கள் படிப்பு காரியத்திலும் நீங்கள் ஈடுபடுத்தப் படுகிறீர்களா?		
8.	மற்ற குடும்ப நபர்களிடமிருந்து உங்களுக்கு உணர்வுபூர்வமான ஆதரவு கிடைக்கிறதா?		
9.	வீட்டிற்காக ஏதேனும் வாங்கும்பொழுது, நீங்கள் ஈடுபடுத்தப்படுகிறீர்களா?		
10.	சமூக விழாக்களுக்கு உங்கள் கணவரோடு செல்லுகிறீர்களா?		

கருவி எண்- 4

குடும்ப வன்முறையை சந்திக்கவேண்டிய (உணர்வுகளின் முதிர்ச்சியை)

குறித்தான வினாவிடை

குறிப்பு:

அன்பார்ந்த பங்காளரே, இந்த பகுதி உங்களுக்கும், உங்கள் கணவருக்கும் இடையே நடைபெறும் குடும்ப வன்முறையை எதிர்நோக்கும் உணர்வுகளின் முதிர்ச்சியை குறித்தான வினாக்களை கொண்டது. ஆய்வாளர் கேட்கும் கேள்விகளைக் கவனித்து, அதற்கேற்றவாறு பதிலளியுங்கள். ஆய்வாளர் உங்கள் பதிலுக்கான (✓) குறியீட்டை இடுவார்.

வ. எண்	பொருள்	இல்லை (0)	ஆம் (1)
1.	உங்கள் கணவரிடம் வாக்குவாதம் செய்யாமல் முக்கிய காரியங்களை பேசமுடிகிறதா? (உணர்வுகள்)		
2.	நீங்கள் அன்பாகவும், ஒருவரோடு ஒருவர் இசைந்து போகிறீர்களா? (இசைதல்)		
3.	உங்களின் வலிமையான, வலிமையற்ற தன்மையை எப்பொழுது வேண்டுமானாலும், சுமுகமாக மாற்றிக் கொள்கிறீர்களா? (இணங்குதல்)		
4.	நீங்கள் ஒருவரையொருவர் சண்டையிட்டுக் கொள்ளாமல் இருக்கமுடிகிறதா? (ஒவ்வாமை)		
5.	ஒருவரிடமிருந்து ஒருவர் எதனை எதிர்பார்க்க வேண்டுமென ஒத்துப்போக முடிகிறதா? (எதிர்பார்ப்புகள்)		
6.	நீங்கள் சண்டை போட்ட பின், சீக்கிரமாய் நடுநிலைக்கு திரும்பி வரமுடிகிறதா? (மன்னித்தல்)		
7.	சரியான நடவடிக்கை இல்லையென உங்கள் கணவரை அடிக்கடி குற்றப்படுத்துவதுண்டா?		

8.	குடும்ப வன்முறையின் கடினமான சூழ்நிலைகளிலும், வெறுக்கும் உணர்வுகளிலும் இசைந்திருக்க முடிகிறதா?		
9.	நீங்கள் உங்களுடைய கோபத்தையும், சோகத்தையும், பயத்தையும் சரியான முறையில் சரியான சொற்களில் பயன்படுத்துகிறீர்களா?		
10.	மற்றவர்களுடைய உணர்வுகளுக்கான காரணத்தை புரிந்துக்கொள்ளும் திறன் உண்டா?		
11.	உங்களுடைய ஆழமான உணர்வுகளை உங்கள் நெருங்கிய நண்பர்களோடும் கலந்து கொள்ள கடினப்படுகிறீர்களா?		
12.	நடப்பவை நடக்கட்டும் என விட்டுவிட விரும்புகிறீர்களா?		
13.	குடும்ப வன்முறையை குறித்து விளக்கிப் பேசுவதோடல்லாமல், அதனை ஆராய முயலுகிறீர்களா?		
14.	சூழ்நிலையை உங்களால் கட்டுப்படுத்த முடியாதென உணருகிறீர்களா?		
15.	உங்கள் உணர்ச்சிகளை நீங்கள் சோதித்துப் பார்த்தல், குடும்ப வன்முறைக்கான சொந்த பிரச்சனைகளுக்கு தீர்வுக்காண உதவும் என நினைக்கிறீர்களா?		

குடும்ப வன்முறையின் அளவு

மதிப்பிடும் முறை:

அதிக அளவு குடும்ப வன்முறை - 75% முதல் 100%

மிதமான அளவு குடும்ப வன்முறை - 51% முதல் 75%

குறைந்த அளவு குடும்ப வன்முறை - 50% க்கு கீழ்

கருவி எண்- 5

தனித்துவ நேர்முகத்திற்கான வினாப்பட்டியல்

குறிப்பு:

அன்பார்ந்த பங்களாளரே, இந்த பகுதி நீங்கள் குடும்ப வன்முறையை எதிர்நோக்கும்போது உங்களுக்குள்ள புரிதல் தன்மையையும், உணர்வுகளின் முதிர்வையும் குறித்தான நேர்முகத்திற்கான கேள்விகளைக் கவனித்து, அதற்கேற்றவாறு சுருக்கமாக பதிலளிக்கவும். உங்கள் பதில் பதிவு செய்யப்படும் அனைத்து விபரங்களும் இரகசியமாக பாதுகாக்கப்பட்டு, ஆய்விற்காக மட்டுமே பயன்படுத்தப்படும்.

1. குடும்ப வன்முறைக்கு காரணி யாரென உணருகிறீர்கள்?
2. கணவர் செய்யும் குடும்ப வன்முறையை (4 வகைகளில் ஏதேனும்) எவ்வாறு எதிர்கொள்வீர்கள்?
3. ஒரு மனைவியாக உங்கள் பங்கை நிறைவேற்றுவதில் மனநிறைவு பெற்றுள்ளீரா? ஆம் எனில் எப்படி? இல்லையெனில் எவ்வாறு?
4. குழந்தைகளைப் பெற்று வளர்ப்பது தொடர்பாக முக்கிய முடிவுகளில் தாங்கள் எவ்வாறு ஆர்வம் காட்டி செயல்படுவீர்கள்?

5. நீங்கள் ஏதேனும் சாதித்து வந்தபொழுது உங்கள் கணவரால் எவ்வாறு அங்கீகரிக்கப்பட்டீர்கள்?
6. உங்கள் கணவர் உங்களுடன் எப்படி இருக்கவேண்டும் என்று விரும்புகிறீர்கள்?
7. உங்கள் கணவரின் துஷ்பிரயோகிக்கும் நடத்தை மாறும் என்ற நம்பிக்கை உள்ளதா? ஆம் எனில் எப்படி? இல்லையெனில், ஏன்?

ANNEXURE -VIII

**LESSON PLAN ON “FACE DOMESTIC
VIOLENCE POSITIVELY”**

Research Guide:

Dr. Prof. S.Maragatham, M.Sc(N), Ph.D (N).

Professor cum Principal,
Shanmuga College of Nursing,
Salem.

Clinical Speciality Guide:

Mr. P.Selvaraj, M.Sc(N).,

Associate Professor,
Department of Mental Health Nursing,
Shanmuga College of Nursing, Salem.

Prepared By

Mrs.M.Jayalakshmi,

II-Year M.Sc(N).,
Shanmuga College of Nursing,
Salem.

LESSON PLAN ON FACE DOMESTIC VIOLENCE POSITIVELY

Topic	:	Face Domestic Violence Positively [for married women]
Group	:	Married women.
Venue	:	Kaariapatty.
Date	:	
Duration	:	One hour
Method of teaching	:	Lecture cum group discussion
Guided by	:	Mr.P.Selvaraj,MSc., [N]., HOD, Department of Psychiatric Nursing.
Prepared by	;	M.Jayalakshmi. II Year Msc., Nursing Student.

CENTRAL OBJECTIVE:

The married woman will learn to face domestic violence positively in terms of role recognition and emotional competence.

SPECIFIC OBJECTIVES:

At the end of the teaching, married woman will be able to,

- Gain the knowledge on concept of domestic violence.
- Recognize the types of domestic violence.
- Associate the cycle of violence.
- Apply the measures to prevent and overcome domestic violence positively.
- Adopt role- recognition to face domestic violence positively.
- Develop emotional competence to face domestic violence positively.

A.V Aids : Power point presentation

SPECIFIC OBJECTIVE	CONTENT	TEACHING LEARNING ACTIVITY WITH USAGE OF AUDIO VISUAL – AIDS AND EVALUATION.
The learner [married woman] will be able to orient to the topic domestic violence.	<p>INTRODUCTION</p> <p>If you find a wife, you have found something good. (Proverb)</p> <p>Have you ever sewn a dress? When you lay out the pattern and cut the cloth, you have only some scraps of cloth and a garment. When it is properly assembled, used with buttons, zipper, these pieces make a complete dress. Same way, when there is mutual understanding between you and your spouse, domestic violence is less and life is happy. But sometimes you feel as you are being abused, treated unfairly.</p> <p>Domestic violence is one of the most serious issues that affect the lives of millions of women in the world.</p>	<p>The researcher greets the group .She introduces herself to the group.</p> <p>And introduces the topic of domestic violence.</p> <p>The group actively listens to the researcher.</p>

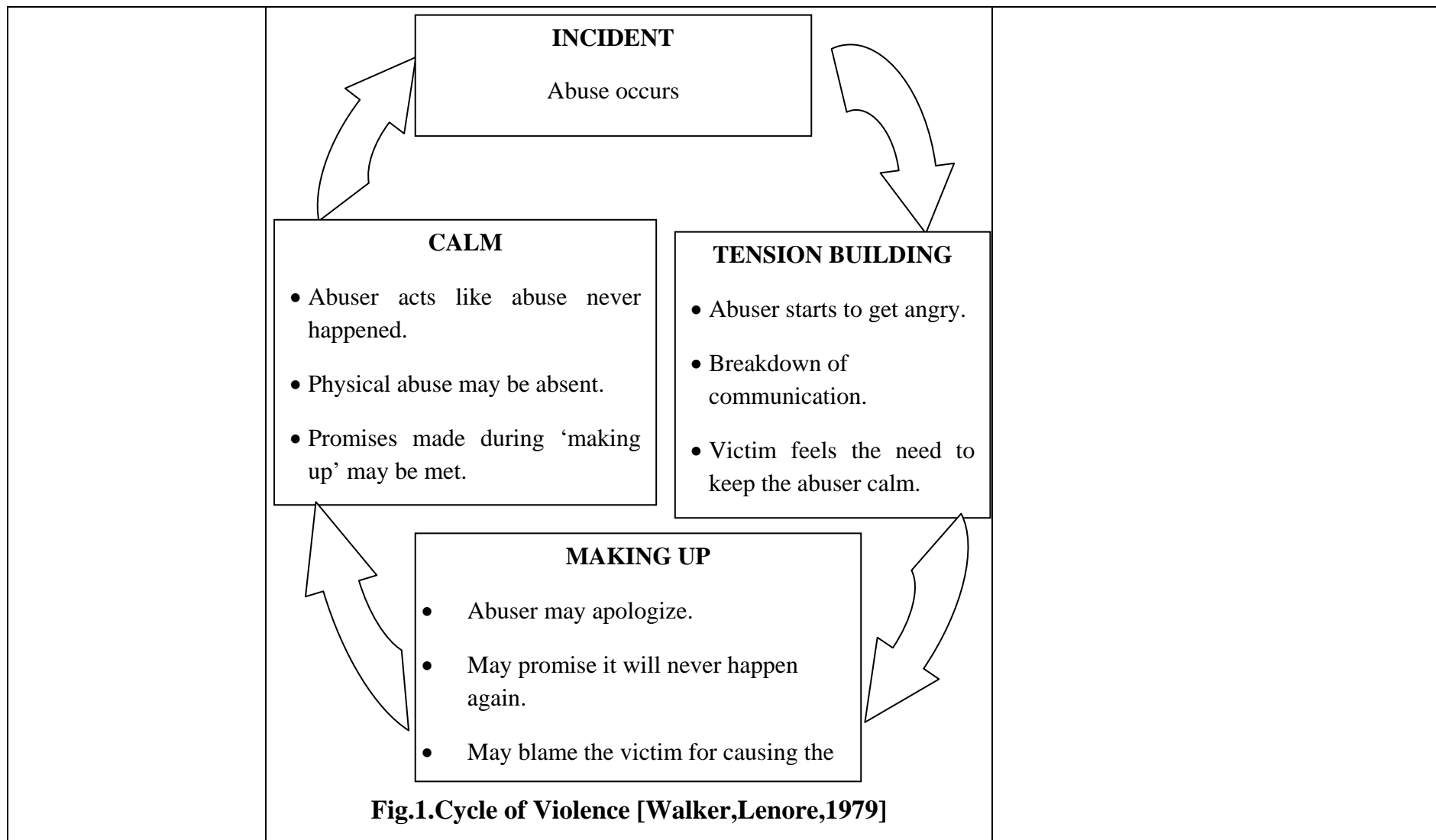
<p>The learner [married woman] will be able</p>	<p>Domestic violence is not a new problem; in fact, it is probably as old as human kind.</p> <p>The level of civilization that any society has reached can be measured by the degree of freedom, respect and role given to women.</p> <p>TamilNadu tops in domestic violence cases (Indian express, 30th November 2012, Times of India, 19th August 2013).</p> <p>Domestic violence often goes unnoticed, as it often occurs within the four walls of a home. Most women feel reluctant to speak about domestic violence in public or to even a close person. Abuse or violence of any type wounds deeply and can destroy the women's self-esteem.</p> <p>CONCEPT OF DOMESTIC VIOLENCE</p> <p>Domestic violence is about one person (especially the male partner) in a married relationship using a pattern of</p>	<p>With the help of power point prepared, the researcher teaches the</p>
---	---	--

to gain the knowledge on concept of domestic violence.	<p>abusive behaviours to control the other person (usually the unmarried woman).</p> <p>Domestic violence also known as domestic abuse, spousal abuse, family violence and intimate partner violence (IPV) can be broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship.</p> <p>Domestic violence can happen to any woman, yet the problem is often excused or denied. This is especially true when abuse is emotional rather than physical.</p> <p>The abusing spouse may have suffered violence in childhood and often come from backgrounds in which violence is frequent. Stress factors for domestic violence may include poverty, low educational attainment, and having multiple children, alcoholism and dowry.</p>	<p>concept of domestic violence.</p> <p>The group actively participates by listening and involving in discussion with the researcher .</p>
The learner [married woman] will be able	<p>5. TYPES OF DOMESTIC VIOLENCE.</p> <p>People think of domestic violence as physical abuse</p>	<p>Researcher explains the types of domestic violence. The group</p>

<p>to recognize the types of domestic violence.</p>	<p>such as hitting. Other forms of domestic violence are, verbal abuse, financial abuse and psychological abuse.</p> <p>Physical abuse:</p> <p>Physical abuse is the use of physical force against married woman by spouse. It includes slapping, pushing, kicking, hitting, throwing objects, beating, threatening with any form of weapon or using a weapon.</p> <p>Verbal abuse:</p> <p>The abuser may use, insulting the woman and her family in private or public, humiliating the woman, accusing the woman being unfaithful, criticizing the physical appearance of woman, her interests, opinions. It also includes making woman's friends or family uncomfortable when they come to visit her, so they stop coming again.</p> <p>c) Financial abuse:</p> <p>The spouse uses money as a tool to control the woman.</p>	<p>participates by actively listening to researcher .</p> <p>The Researcher asks the group about the meaning of physical abuse. The group answers actively. Same way she explains about various types of abuses.</p>
---	---	--

	<p>Example,</p> <ul style="list-style-type: none"> • Spouse rigidly controlling the finances of woman. • Withholding basic necessities. • Stealing from woman. • Preventing from working. <p>d) Emotional abuse:</p> <p>Emotional abuse is not recognized outside. It includes being suspicious and checking the woman constantly by the spouse, threatening to hurt or kill the woman or to commit suicide if she tries to leave the spouse. Again, woman's feelings, opinions and needs are not given importance by spouse, refusing to discuss issues that are important to wife is also considered as Emotional abuse. This ultimately results in lack of self worth, self-esteem and self-confidence, depression, anxiety and guilt.</p>	
--	--	--

<p>The learner [married woman] will be able to Associate the cycle of violence.</p>	<p>6. CYCLE OF VIOLENCE</p> <p>Cycle of violence happens hundreds of times in an abusive relationship. Each stage lasts a different amount of time from few hours to a year or more to complete. Not all domestic violence fits the cycle.</p> <p>Cycle of violence consists of four phases,</p> <ol style="list-style-type: none"> 1. Incident phase 2. Tension building phase 3. Making up phase 4. Calm phase 	<p>Researcher teaches the cycle of violence and helps to associate in their lives, with the help of powerpoint.</p>
---	---	---



<p>The learner [married woman] will be able to apply the measures to prevent and overcome domestic violence positively</p>	<p>7. MEASURES TO PREVENT AND OVERCOME DOMESTIC VIOLENCE.</p> <p>I. Physical abuse</p> <p>These are the safety tips for the married woman to protect herself during physical abuse;</p> <p>1. Know your spouse's red flags:</p> <p>Be alert for signs and clues that your spouse is getting upset and may explode in anger or violence. Don't be panic.</p> <p>2. Identify safe areas of the house:</p> <p>Know where to go if your spouse attacks or an argument starts. Avoid small, enclosed spaces without exits (such as closets or bathrooms) or rooms with weapons (such as kitchen). If possible, use a room with a phone and an outside window or a door. Try to safeguard yourself and your children from being injured.</p>	<p>Researcher explains about the various measures to prevent and overcome domestic violence.</p> <p>The group actively participates by listening and involving in discussion with the researcher .</p>
--	--	--

3. Come up with a code word:

Establish a word, phrase, or signal you can use to let your children, friends, neighbor's, co-workers know that you are in danger and need help. Memorize few important contact numbers.

Other recommendations are,

- Never let anger to dominate which in turn aggravates the situation.
- In case of injury, seek medical advice appropriately.
- Analyze the cause of physical abuse.
- If it is the woman's mistake, admit and apologize immediately.
- Find right time and place to discuss issues related to husband's fault.
- Never start an argument in front of children.
- Don't hold a grudge too long.
- Move forward instead of harbouring resentment about the

	<p>past.</p> <ul style="list-style-type: none"> • If situation worsens, seek a trustworthy, senior person or a counsellor's help. <p>II. Verbal abuse</p> <p>When your husband accuses you and your family, friends verbally, try not to outburst your anger in an aggressive tone. Avoid speaking negative aspects of him and his family members. Try to remain calm and quiet until his anger reduces. Find a right time, place to notify his fault in a positive attitude.</p> <p>Other recommendations are,</p> <ul style="list-style-type: none"> • Avoid brining up problems as soon as he enters the house, at bed time. • Avoid speaking husband's fault to others. • Avoid passing judgement. • Avoid critiquing your husband. 	
--	--	--

- Be understanding, when you discuss an issue with your husband.

III. Financial abuse

When your spouse rigidly controls your finances, try to have mutual financial understanding by discussion with your husband in monetary matters. Discuss with your husband regarding the basic necessities, how to meet children's educational expenses when he is in a relaxed mood.

Have realistic financial expectations. Spend money wisely. e.g. Plan together in preparing a budget, in meeting the expected and unexpected expenses. Try to be constructive such as by saving money. Discuss and have mutual understanding to work in meeting financial deficiencies. (e.g. Explain in a way that financial burden will be reduced).

IV. Emotional abuse

If your husband devalues your feelings, opinions and beliefs, accept him as an imperfect person, as no relationship is perfect. Try to spend time with your children constructively,[eg. participate in your child's life, in their own activities, school, sports, etc.,] which in turn decreases depression, your isolation, increases self-worth and self-confidence. If no children, plan to have children.

Be kind to yourself: Develop a positive way of looking at you and talking to yourself. Use affirmations to counter the negative comments you get from the abuser. Take time to do things you enjoy, that helps to relieve stress.

Other recommendations are

- Prove your importance to your husband by meeting his physical and psychological needs promptly.
- Praise your husband more when he is right.
- Argue less about things when he is wrong.

<p>The learner [married woman] will be able to Adopt role- recognition to face domestic violence positively</p>	<ul style="list-style-type: none"> • Treat your husband with respect. • Appreciate his commitment to you. • Be a good companion to your husband by cheering him. <p>8. ROLE REGOGNITION;</p> <p>Help Your Spouse: [Wife role]</p> <p>Assist your spouse in fulfilling his physical needs.eg.in preparing food items he likes. Have mutual understanding in meeting each other's psychological needs. Find right time and place in making your spouse to understand how his abuse hurts her and children, in a positive attitude.eg. Explain him how pleasant it will be, if he is little more patient.</p> <p>Seek Professional Treatment: [Helper role]</p> <p>If condition worsens, like spouse never stops blaming you, your family, his unhappy childhood, stress, his temper,</p>	<p>Researcher explains about the importance of role-recognition to prevent and overcome domestic violence.</p> <p>The group actively participates by listening and involving in discussion with the researcher.</p>
---	--	---

<p>The learner [married woman] will be able to Develop emotional competence to face domestic violence positively.</p>	<p>and then seek professional treatment.eg.Counselling, behavior therapy.</p> <p>Mother Should Teach Their Children: [Teacher]</p> <p>Mother should explain to the children that violence is never the fault of them. Provide support to them and help them to be safe and not attempt to intervene._Keep insisting on instructing the children that violence should never be used as a weapon against women at any cost.</p> <p>9. EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY.</p> <p>Feelings:</p> <p>You or your partner may be easily triggered and react to a fight. Identify the triggering aspect of your spouse. e.g. before removing his sandals, starting to argue about his mother. Try to avoid such triggers. Start by waiting a bit before reacting; the relationship will feel safer.</p>	<p>With the help of PowerPoint , researcher explains about how to develop emotional competence to face domestic violence positively.</p> <p>The group actively participates by listening and involving in discussion</p>
---	--	--

	<p>Relating:</p> <p>When a woman cares about what her spouse is going through, she may be able to establish trust on him, and then even if difficulty comes, a woman can handle mutually with her spouse.</p> <p>Flexibility:</p> <p>Sometimes your husband is strong in his emotions, sometimes you are strong. As a wife, know when to be flexible, count on each other. Patience always has a reward.</p> <p>Disagreements:</p> <p>At times a wife may disagree and even hurt her spouse emotionally or can occur vice versa. Try to put yourself into your partner's shoes. You are in trouble if you ALWAYS have to win.</p> <p>Expectations:</p> <p>If you and your partner want to agree on what to expect from each other, this comes from listening to each other overtime.</p>	<p>with the researcher .</p> <p>Then and there the researcher clears the doubts of the group. By involving the group in discussion ,the researcher makes sure they understood the concept.</p>
--	--	--

	<p>Stop asking him to read your mind. This is a losing strategy.</p> <p>Forgiveness:</p> <p>If you had a fight, do not resent for a long time. Work on letting go. [means for you and your partner].</p> <p>Do not externalize:</p> <p>Sometimes problems that come up may be your fault. Sometimes it is someone else's fault.eg.in-laws, friends and other relations. Do not keep on blaming always on others.</p> <p>10. SUMMARY</p> <p>Domestic violence is widely prevalent. The four types of domestic violence included in this booklet are physical, verbal, financial and emotional. Cycle of domestic violence consists of four phases namely incident, tension building, making up and calm phase. There are various measures to prevent and overcome domestic violence positively according to its types. Role recognition and emotional</p>	<p>The researcher finally summarizes the teaching.</p>
--	---	--

	<p>competence helps to face domestic violence positively.</p> <p>11. CONCLUSION</p> <p>If you are being abused remember, you alone are not to blame for being mistreated. You alone are not the cause of your partner’s abusive behavior at all times. You and your children deserve to be treated with respect. You and your family deserve a safe and happy life. Practice and develop role recognition and emotional competence, face domestic violence positively. Lead a mutually understanding life.</p> <p>At times, it may be inappropriate, if you are under life –threatening conditions [physical abuse], be wise. Take steps to protect yourself and your children. Remember, you are not alone. There are people waiting to help you.</p> <p>“VALUE YOURSELF AS A PRICELESS DIAMOND”</p>	<p>Researcher concludes the topic. Asks the group for any doubts and clarifies them.</p> <p>Then the researcher distributes the booklet to the group individually and asks them to read. Researcher also provides incentives to the group for their active participation.</p> <p>Finally the researcher greets the group and leaves them.</p>
--	---	---

12. REFERENCE

26. Gail W. Stuart and Micheal T. Laraia, (2005). "Principles and Practice of Psychiatric Nursing". (8th edition), Mosby, New Delhi.
27. Mary C. Townsend. (2000). "Psychiatric Mental Health Nursing", 4th FA. Davis Company, Philadelphia.
28. Michel Golden and Dennis Gath, (1996), "Oxford Textbook of Psychiatry", (3rd edition), Oxford University, New York.
29. Morgan T. Clifford, (2001). "Introduction to psychology". (15th edition), Tata McGraw Hill, New Delhi.
30. L. Videbeck, (2001). "Psychiatric and mental health nursing" Sheila reprint, Lippincott, Philadelphia.

திருமணமான பெண்கள் குடும்ப வன்முறைகளை சுயமாகவும், சுமுகமாகவும் சமாளிக்கும் முறைகளை பயிற்றுவித்தல்

வழிகாட்டி:

டாக்டர். செ.மரகதம், MSc (N), M. Phil (N), (Ph.D).,
முதல்வர் மற்றும் பேராசிரியர்
சண்முகா செவிலியர் கல்லூரி, சேலம்.

தயாரிப்பு:

திருமதி.எம்.ஜெயலட்சுமி,
இரண்டாம் ஆண்டு முதுகலை செவிலியர் பட்டப்படிப்பு,
சண்முகா செவிலியர் கல்லூரி, சேலம்.

துணை வழிகாட்டி:

திரு.பி.செல்வராஜ், M.Sc(N).,
துணை பேராசிரியர்,
சண்முகா செவிலியர் கல்லூரி, சேலம்.

தலைப்பு	:	திருமணமான பெண்கள் குடும்ப வன்முறைகளை சுயமாகவும், சுமுகமாகவும் சமாளிக்கும் முறைகள்
குழு	:	திருமணமான பெண்கள்
குழுவின் அளவு	:	
இடம்	:	காரிப்பட்டி, சேலம்.
நேர அளவு/ கால அளவு	:	60 நிமிடங்கள்
பயிற்றுவிக்கும் முறை	:	தமிழ்
பயிற்றுவிக்கும் கல்விமுறை	:	விரிவுரை மற்றும் குழுவிவாதம்
மையக்கருத்து:		

இப்பயிற்சியின் முடிவில் திருமணமான பெண்கள் எவ்வாறு குடும்ப வன்முறையை தன்னுடைய புரிதல் தன்மையாலும், மனஉணர்வுகளாலும் சுமுகமாக எதிர்கொள்ளவேண்டும் என்பதை பற்றி விளக்க உதவுகிறது

குறிப்பிட்ட நோக்கங்கள்: பயிற்சியின் முடிவில் பங்கேற்பாளர்கள்,

- குடும்ப வன்முறை பற்றிய அறிவை புரிந்து கொள்ளுதல்
- குடும்ப வன்முறையின் வகைகளை அறிந்து கொள்ளுதல்
- வன்முறையின் சுழற்சியை பற்றி அறிந்து கொள்ளுதல்
- குடும்ப வன்முறையை சுமுகமாக மேற்கொள்ள மற்றும் தடுக்கும் முறைகளை அறிந்து கொள்ளுதல்
- தன் பங்கின் புரிதல் தன்மையை சுமுகமாக பயன்படுத்த அறிதல்
- மனஉணர்வுகளை மேம்படுத்தி சுமுகமாக குடும்ப வன்முறையை சந்தித்தல்

கற்பிக்கும் உபகரணங்கள்: கையேடு மற்றும் பவர்பாயிண்ட்

குறிப்பிட்ட நோக்கங்கள்	பொருளடக்கம்	பயிற்றுனர் மற்றும் பயிற்சியாளர்களின் குழு விவாத செயல்பாடுகள் (கல்வி உபகரணத்தைப் பயன்படுத்துதல்)
திருமணமான பெண்கள் குறிப்பிட்ட தலைப்பின் முன்னுரையை அறிதல்	<p>1. முன்னுரை:</p> <p>“மனைவியை கண்டடைகிறவன் நன்மையானதைக் கண்டடைகிறான்”</p> <p style="text-align: right;">- நீதிமொழி</p> <p>நீங்கள் ஒரு ஆடையை தைத்ததுண்டா? துணியை விரித்து அதை வெட்டும்போது, வெறும் சிறுதுண்டுகளாக காணப்படும். அதை இரண்டு இரண்டு துண்டுகளாய் இருக்கும் துணியை சீராக சேர்த்து, பொத்தான் மற்றும் சிப் (zip) வைத்து சேர்த்து தைக்கும்போது ஒரு முழுமையான ஆடை உருவாகிறது. அதைப் போலவே கணவனும் மனைவியும் ஒருவரையொருவர் புரிந்து கொண்டு வாழும் போது, குடும்ப வன்முறையின்றி, மகிழ்ச்சியான வாழ்க்கை வாழமுடியும். ஆனால் சில சமயங்களில் நீங்கள் சரியாக</p>	ஆய்வாளர் தலைப்பைப் பற்றிய முன்னுரையை திருமணமான பெண்கள் புரிந்துக்கொள்ளும்படி உரைத்தல்

	<p>நடத்தப்படாமல் துன்புறுத்தப்படுவதாக எண்ணலாம்.</p> <p>உலகிலுள்ள ஆயிரமாயிரமான பெண்களின் வாழ்க்கையில், குடும்ப வன்முறையானது ஒரு மிக முக்கிய பிரச்சனையாக காணப்படுகிறது. குடும்ப வன்முறையானது ஒரு புதிய பிரச்சனையல்ல. உண்மையில், தொன்றுதொட்டு மனித உறவுகளில் காணப்படுகிறது. ஒரு சமூகம் எந்தளவிற்கு பெண்களுக்கு சுதந்திரம், மரியாதையை கொடுக்கிறதோ, அந்த அளவிற்கு நாகரீகம் அடைந்ததாய் கருதப்படுகிறது.</p> <p>குடும்ப வன்முறையில் தமிழ்நாடு மேலோங்கி உள்ளது. (இந்தியன் எக்ஸ்பிரஸ், 30 நவம்பர், 2012)</p> <p>குடும்ப வன்முறை வீட்டின் நான்கு சுவருக்குள் நடப்பதால், கவனிக்கப்படாமல் போகிறது. அநேக பெண்கள் குடும்ப வன்முறை குறித்து வெளிப்படையாகவோ அல்லது நெருங்கிய உறவினரிடமோ பேச தயக்கப்படுகிறார்கள். எவ்வகையான குடும்ப வன்முறையானாலும், அது</p>	
--	--	--

<p>திருமணமான பெண்கள் குடும்ப வன்முறைப் பற்றி அறிதல்</p>	<p>பெண்களின் உள்மனதைக் காயப்படுத்தி அவர்களின் சுயமதிப்பை குறைக்கிறது.</p> <p>2. குடும்ப வன்முறைக் குறித்த விளக்கம்</p> <p>குடும்ப வன்முறை என்பது, திருமண உறவில் உள்ள ஒருவர் (அதிகமாக ஆண்), ஒரு வகையான துன்புறுத்தும் குணங்களை, நடத்தைகளை பின்பற்றி மற்றவரை (அதிகமாக தன் மனைவியை) கட்டுப்படுத்துதலாகும்.</p> <p>குடும்ப வன்முறையானது எந்த பெண்ணிற்கும் நேரிடலாம். அநேக நேரங்களில், அது மறுக்கப்படுகிறது மற்றும் மன்னிக்கப்பட்டு மறைக்கப்படுகின்றது. குறிப்பாக இது உடல்நீதியாக இருப்பதைவிட மனநீதியாக இருக்கும்போது உண்மையாகிறது.</p> <p>வன்முறையில் ஈடுபடும் கணவர் சிறுவயதில் குடும்ப வன்முறையால் பாதிக்கப்பட்டிருக்கலாம் அல்லது வன்முறை அதிகளவில் உள்ள பின்னணியத்தில் இருந்து</p>	<p>பவர்பாயிண்ட் உதவியோடு ஆய்வாளர் குடும்ப வன்முறை பற்றிய அறிவை புரிந்து கொள்ளும்படி விளக்குதல் மற்றும் திருமணமான பெண்களை ஊக்குவித்து கவனிக்க செய்தல்</p>
---	---	--

<p>திருமணமான பெண்கள் குடும்ப வன்முறையின் பிரிவுகளை அறிந்து கொள்ளுதல்</p>	<p>வந்திருக்கலாம்.</p> <p>ஏழ்மை, போதிய படிப்பறிவு இல்லாமை, அதிக குழந்தைகள், வரதட்சணை கொடுமை மற்றும் குடிபழக்கம் ஆகியவை குடும்ப வன்முறைக்கான காரணங்களாகும்.</p> <p>3.குடும்ப வன்முறையின் பிரிவுகள்</p> <p>குடும்ப வன்முறையானது அடித்தல், உதைத்தல் போன்ற சரீர தாக்குதல் அல்லது உடல் காயங்களை உண்டாக்குதல் என மக்கள் எண்ணுகிறார்கள்.</p> <p>வார்த்தை விமர்சனங்கள், பொருளாதார சிக்கல்கள் அடங்கிய வன்முறை மற்றும் மனரீதியான உள்ளக் காயங்களும் குடும்ப வன்முறையின் பிற பிரிவுகள் ஆகும்.</p> <p>3.1.குடும்ப வன்முறை - உடற்காயங்கள்</p> <p>திருமணமான பெண்களுக்கு விரோதமாய் கணவனால் பயன்படுத்தப்படும் உடல் வலிமையாகும். அறைதல்,</p>	<p>ஆய்வாளர் குடும்ப வன்முறையின் பிரிவுகளை பற்றி விளக்குதல் மற்றும் குழு அதை நன்கு கவனித்தல் ஆய்வாளர் குழுவினரோடு கலந்துரையாடி அவர்கள் கேட்கும் கேள்விகளுக்கு பதிலளித்தல்</p>
--	--	--

தள்ளுதல், உதைத்தல், இடித்தல், அடித்தல், பொருட்களை எறிதல் மற்றும் ஆயுதங்களை பயன்படுத்தியோ, ஆயுதங்களால் மிரட்டுதல் போன்றவை உடற்காயங்களுக்குரிய குடும்ப வன்முறையில் உள்ளடங்கும்.

3.2.மனக்காயங்களை உருவாக்கும் விமர்சனங்கள்

துஷ்பிரயோகம் செய்யும் கணவர், தன் மனைவியை மற்றும் அவரது குடும்பத்தினரை தனிப்பட்ட முறையிலோ, பொதுவிலோ இழிவுப்படுத்துதல், தாழ்மைப்படுத்துதல், பெண்ணிடத்தில் உண்மையில்லை என குற்றம்சாட்டுதல், உடல் அமைப்பை குறித்து, அவரது விருப்பங்கள், யோசனைகளை குறித்து கேலி செய்தல் போன்றவற்றை பயன்படுத்துகிறார்கள். மேலும் மனைவியின் உறவினர் மற்றும் நண்பர் வரும்போது அவர்களை சங்கடப்படுத்தி மீண்டும் வராதவாறு செய்தலும் மனக்காயத்தை உருவாக்கும் விமர்சனங்களுள் ஒன்றாகும்.

3.3.பொருளாதார துஷ்பிரயோகம்

பெண்களை அடக்குவதற்கு, பணத்தை ஒரு கருவியாக கணவர் பயன்படுத்துவார்.

உதாரணமாக,

1. மனைவிக்குரிய பொருளாதார தேவைகளை குறைப்பது
2. அடிப்படை தேவைகளை நிறைவேற்ற மறுத்தல்
3. மனைவியிடமிருந்து திருடுதல்
4. வேலைக்கு போகவிடாமல் தடுத்தல்

3.4.உணர்வுகளின் துஷ்பிரயோகம்

உணர்வுகளின் துஷ்பிரயோகம் வெளியில் காணப்படுவதில்லை. சந்தேகப்படுதல், எப்பொழுதும் தன் மனைவியை நோட்டம் விடுதல், காயப்படுத்துவதாகவும், கொன்றுவிடுவதாகவும் அல்லது மனைவி தன்னை விட்டு சென்றால் தற்கொலை செய்து கொள்ளப்போவதாகவும் மிரட்டுதல் போன்றவை இதனுள் அடங்கும்.

<p>திருமணமான பெண்கள் வன்முறையின் சுழற்சியை பற்றி அறிந்து கொள்ளுதல்</p>	<p>மேலும் மனைவியின் உணர்வுகள், யோசனைகள் மற்றும் தேவைகளுக்கு முக்கியத்துவம் கொடுக்கப்படுவதில்லை, மனைவிக்குரிய முக்கிய காரியங்களை அவரிடம் ஆலோசிக்க மறுத்தல் போன்றவையம் உணர்வுகளின் துஷ்பிரயோகமாக கருதப்படுகிறது. அடுத்த கட்டமாக இது மனைவியின் சுயமதிப்பு, சுயமரியாதை மற்றும் தன்னம்பிக்கையை இழக்கச் செய்து, அழுத்தம், கோபம் மற்றும் குற்ற உணர்வை விளைவிக்கின்றது.</p> <p>4. வன்முறையின் சுழற்சி</p> <p>குடும்ப வன்முறையின் சுழற்சி ஒரு துஷ்பிரயோகம் செய்யும் உறவுமுறையில், நூறு தடவைக்கு மேல் நடந்தேறலாம். ஒவ்வொரு கட்டமும் சிலமணி நேரங்களிலிருந்து ஒரு வருடம் அல்லது அதற்கு மேலும் நடந்தேறலாம்.</p>	<p>பவர்பாயிண்ட் உதவியுடன் ஆய்வாளர் குடும்ப வன்முறையின் சுழற்சியை விளக்குதல் மற்றும் திருமணமான பெண்கள் அதனை கவனித்தல்</p>
--	---	--

	<p>எல்லா குடும்ப வன்முறையும் இந்த சுழற்சியில் அடங்கும் என கருதமுடியாது.</p> <p>வன்முறை சுழற்சியானது நான்கு கட்டங்களை உள்ளடக்கியுள்ளது.</p> <ol style="list-style-type: none">1. நடப்பு கட்டம்2. அழுத்தம் ஏற்படும் கட்டம்3. சமாதானக் கட்டம்4. அமைதிக் கட்டம்	
--	--	--

நடப்பு
துஷ்பிரயோகம் நடைபெறுதல்
(உடல்காயம், பொருளாதாரம், உணர்வு)

- அமைதி**
- துஷ்பிரயோகி வன்முறை நடக்கவில்லை என்பதைபோல் நடிக்கலாம்.
 - உடந்துஷ்பிரயோகம் இல்லாமல் இருக்கலாம்.
 - சமாதான கட்டத்தில் செய்த உறுதிமொழிகள் நிறைவேற்றப்படலாம்.
 - மனைவியுடன் சண்டை நீங்கியது என நம்பிக்கை வைக்கலாம்.

- மன அழுத்தம் ஏற்படுதல்**
- துஷ்பிரயோகிப்பவர் கோபப்பட ஆரம்பித்தல்
 - வார்த்தைகளின் தொடர்பு
 - மனைவி தன் கணவனை அமைதிப்படுத்தும் அவசியத்தை உணர்தல்
 - மன அழுத்தம் அதிகமாகுதல்
 - மனைவி பயக்கிற்/க

- சமாதானம்**
- துஷ்பிரயோகி மன்னிப்பு கேட்டல்
 - திரும்ப இவ்வாறு நடைபெறாது என உறுதியளித்தல்
 - சண்டைக்கு மனைவியே காரணம் என குற்றப்படுத்தலாம்.

<p>திருமணமான பெண்கள் குடும்ப வன்முறையை சுமுகமாக மேற்கொள்ள மற்றும் தடுக்கும் முறைகளை அறிதல்</p>	<p>குடும்ப வன்முறை சுழற்சி (வாக்கர், லினோர், 1979)</p> <p>5. குடும்ப வன்முறையை தடுக்கும் மற்றும் மேற்கொள்ளும் முறைகள்</p> <p>5.1. உடற்காயங்கள்</p> <p>திருமணமான பெண், உடற்காயங்களின்போது தன்னைப் பாதுகாத்துக்கொள்ளும் குறிப்புகள் யாதெனில்,</p> <p>1. உங்கள் கணவரின் கோபத்தின் அடையாளங்களை அறிந்து கொள்ளுங்கள்.</p> <p>உங்கள் கணவர் கோபத்தால் அல்லது வன்முறையில் வெடிக்கும் தருணங்களுக்குரிய அடையாளங்கள் மற்றும் குறிப்புகளை அறிந்து எச்சரிக்கையாயிருங்கள், பயப்படாதீர்கள்.</p> <p>2. வீட்டின் பாதுகாப்புக்கான இடங்களை அறிந்து கொள்ளுங்கள்.</p> <p>உங்கள் உணவர் அடிக்கும்போதோ, வாக்குவாதம் ஆரம்பமாகும்போதோ, எங்கு செல்வது என்று அறிந்து</p>	<p>ஆய்வாளர் திருமணமான பெண்கள் குடும்ப வன்முறையை சுமுகமாக மேற்கொள்ள மற்றும் தடுக்கும் முறைகளை பற்றி விளக்குதல் மற்றும் கலந்துரையாடுதல்</p> <p>ஆய்வாளர் திருமணமான பெண்கள் கேட்கும் சந்தேகங்களை தீர்த்தல்.</p>
--	---	---

	<p>கொள்ளுங்கள், வெளியேற்றம் இல்லாத அறைகள் மற்றும் ஆயுதங்கள் அதிகம் உள்ள அறைகளை (எ.கா. சமையலறை) தவிர்க்கவும்.</p> <p>கூடுமானவரை தொலைபேசி வசதி மற்றும் கதவு அல்லது ஜன்னல் உள்ள அறைகளைப் பயன்படுத்திக் கொள்ளலாம். உங்களையும் உங்கள் பிள்ளைகளையும் காயப்படாதவாறு காத்துக்கொள்ளவும்.</p> <p>3. ஒரு குறிவார்த்தையைப் பயன்படுத்துதல்</p> <p>உங்கள் குழந்தைகள், நண்பர்கள், அடுத்த வீட்டார் அறியும் ஒரு வார்த்தை, சொற்றொடர் அல்லது ஒரு குறியை பயன்படுத்தி, அதனால் நீங்கள் ஆபத்தில் உள்ளீர்கள் மற்றும் உதவிதேவை என்று விளங்கச் செய்யுங்கள். சில முக்கிய தொடர்பு கொள்கை எண்களையும் மனப்பாடம் செய்து வைத்துக் கொள்ளுங்கள்.</p> <p>மற்ற பரிந்துரைகளாவன:</p> <ul style="list-style-type: none"> • உங்கள் கோபம் உங்களை ஆட்கொள்ள 	
--	--	--

	<p>விடாதிருங்கள். அது சூழ்நிலையை மேலும் மோசமானதாக்கும்.</p> <ul style="list-style-type: none"> • காயமேற்படுமாயின், மருத்துவ ஆலோசனையை தக்கவாறு அணுகவும். • உடற்காயத்தின் (குடும்ப வன்முறையினால் / துஷ்பிரயோகத்தின்) காரணத்தை ஆராயவும். • மனைவியின் தவறாயிருப்பின், ஏற்றுக்கொண்டு உடனே உடன்பாடு செய்யுங்கள். • சரியான இடம், சரியான நேரம் பார்த்து கணவனின் குறைகளை விளக்குங்கள். • குழந்தைகின் முன்பு விவாதத்தை ஒருபோதும் ஆரம்பிக்கலாகாது. • நீண்ட நேரம் உட்பகையை வைத்துக்கொள்ள வேண்டாம். • நடந்ததை பற்றியே சிந்திக்காமல் முன்னோக்கிச் செல்ல முயலுங்கள். • சூழ்நிலை மோசமாகும் தருவாயில், நம்பகமான, 	
--	---	--

	<p>அனுபவமுள்ள அல்லது ஆலோசகரின் உதவியை நாடுங்கள்.</p> <p>5.2.விமர்சனங்கள்</p> <p>உங்கள் கணவர் உங்களை மற்றும் உங்கள் குடும்பத்தை, உங்கள் நண்பரை வார்த்தையால் துஷ்பிரயோகம் செய்யும்போது, உங்கள் கோபத்தை கடுமையான குரலில் வெடிக்க முயலாதீர்கள். உங்கள் கணவரை குறித்தோ அல்லது அவரது குடும்ப நபர்களைக் குறித்தோ அல்லது அவரது குடும்ப நபர்களைக் குறித்தோ இழிவாக பேசுவதை தவிருங்கள். உங்கள் கணவரது கோபம் தணியும்வரை, அமைதியாகவும், பொறுமையாகவும் இருக்க முயலுங்கள். சரியான நேரம், இடம் அறிந்து, கணவனின் தவறுகளை, சாதகமான வகையில் சுட்டிக்காட்டுங்கள்.</p> <p>மற்ற பரிந்துரைகளாவன</p> <ul style="list-style-type: none"> • உங்கள் கணவர் வீட்டிற்குள் நுழைந்தவுடன், படுக்கைக்கு செல்லும்முன் பிரச்சனைகளை 	
--	---	--

	<p>கிளப்புவதை தவிர்க்கவும்.</p> <ul style="list-style-type: none"> • கணவனின் குறைகளைப் பற்றி மற்றவரிடம் பேசுவதை தவிர்க்கவும். • நியாயம் செய்வதை தவிர்க்கவும். • கணவனை கேலி செய்வதை தவிர்க்கவும். • உங்கள் கணவனிடம் ஒரு காரியத்தைக் குறித்து விவாதிக்கும்போது அந்த காரியத்தைக் குறித்து தெளிவாயிருங்கள். <p>5.3. பொருளாதார துஷ்பிரயோகம்</p> <p>உங்கள் கணவர் உங்களுக்குரிய பொருளாதார நிலையை கட்டுப்படுத்தும்போது, அவரோடு பணத்தேவைகளைக் குறித்து கலந்துரையாடி, சமூக பொருளாதார புரிதல் தன்மையை பெற முயற்சியுங்கள்.</p> <p>உங்கள் கணவர் தெளிந்த மனதோடு இருக்கும்போது, அவரிடம் அடிப்படை தேவைகள் மற்றும் குழந்தைகளின்</p>	
--	---	--

	<p>படிப்பிற்குரிய செலவுகள் பற்றி, அதனை எவ்வாறு சந்திப்பது பற்றியும் கலந்துரையாடுங்கள்.</p> <p>சந்திக்க கூடுமான பொருளாதார எதிர்பார்ப்புகளை கொள்ளுங்கள். புத்திசாலிதனமாக பணத்தை செலவு செய்யுங்கள். எ.கா. பட்ஜெட் தயாரிப்பதில், எதிர்நோக்கும் மற்றும் எதிர்பாரா செலவுகளை சந்திப்பதில் ஒன்று சேர்ந்து திட்டம் செய்யுங்கள். பணத்தை சேமிப்பதின் மூலம், உருவாக்கும் திறனுள்ளவர்களாய் முயற்சியுங்கள்.</p> <p>பொருளாதார பற்றாக்குறைகளை சந்திப்பதில் ஒருவருக்கொருவர் ஆலோசித்து, சமத்துவ புரிதலோடு வேலை செய்யுங்கள். (எ.கா. நீங்கள் வேலைக்கு போனால், பொருளாதார பாரம் குறையும் என்பதை விளக்கிச் சொல்லுங்கள்)</p> <p>5.4. உணர்ச்சி துஷ்பிரயோகம்</p> <p>உங்கள் கணவர் உங்கள் உணர்வுகள், யோசனைகள் மற்றும் நம்பிக்கையை இழிவுபடுத்தினதுண்டானால், அவர்</p>	
--	--	--

	<p>இருக்கும் வண்ணமாக ஏற்றுக்கொள்ளுங்கள், ஏனெனில் எந்த உறவும் முழுமையானதல்ல. பயனுள்ள வகையில் உங்கள் குழந்தையோடு நேரத்தை செலவிட முயலுங்கள். (உதாரணமாக, உங்கள் குழந்தைகளின் வாழ்க்கையில், அவர்களது சொந்த நடவடிக்கையில், பள்ளி மற்றும் விளையாட்டு காரியங்களில் ஈடுபடுதல்) இவ்வாறு செய்யும் போது உங்கள் தனிமை, மனஅழுத்தம் குறைந்து, உங்கள் சுயமதிப்பு மற்றும் தன்னம்பிக்கை அதிகரிக்கும். குழந்தைகளில்லையெனில் அவர்களுக்காக திட்டம் செய்யுங்கள்.</p> <p>உங்களையே நேசியுங்கள். உங்களையே நீங்கள் உற்றுநோக்குவதிலும், உங்களை குறித்து பேசுவதிலும், ஒரு சுமுகமான/ சாதகமான முறையை மேம்படுத்துங்கள்.</p> <p>உங்களை துஷ்பிரயோகிப்பவரிடமிருந்து வரும் பொல்லாத விமர்சனங்களை ஈடுகட்ட, இந்த சாதக முறைகளை பயன்படுத்தலாம். நீங்கள் மகிழும்</p>	
--	---	--

காரியங்களைச் செய்ய நேரம் எடுத்துக் கொள்ளுங்கள். இது உங்கள் மன அழுத்தத்தை தவிர்க்கும்.

மற்ற பரிந்துரைகளாவன

- உங்கள் கணவரது உடல் மற்றும் உள்ளத் தேவைகளை சரியாக சந்திப்பதின் மூலம் அவருக்கு உங்கள் முக்கியத்துவத்தை நிரூபியுங்கள்.
- உங்கள் கணவரது நன்மைகளுக்காக அவரைப் பாராட்டுங்கள்.
- அவர் தவறிழைக்கும்போது குறைவாகவே விவாதியுங்கள்.
- உங்கள் கணவருக்குரிய மரியாதையை செலுத்துங்கள்.
- உங்களோடிருக்கும் உடன்பாட்டிற்காக அவரை பாராட்டுங்கள்.
- உங்கள் கணவருக்கு நல்ல நண்பராய் இருந்து அவரை ஊக்கப்படுத்துங்கள்.

<p>திருமணமான பெண்கள் தன்பங்கின் புரிதல் தன்மையை சுமுகமாக பயன்படுத்த அறிதல்</p>	<p>6. புரிதல் தன்மை</p> <p>6.1.உங்கள் கணவருக்கு உதவுங்கள் (மனைவியின் பங்கு)</p> <p>உங்கள் கணவர் தன் சரீர தேவைகளை சந்திப்பதில் அவருக்கு உதவிடுங்கள். (உதாரணமாக அவருக்கு பிடித்த உணவு வகைகளை தயாரித்தல்). ஒருவருக்கொருவர் உள்ளத் தேவைகளை சந்திப்பதில் சுமுக தெளிவுடையவர்களாயிருங்கள். சரியான நேரமும், இடமும் அறிந்து, சுமுக முறையில், உங்கள் கணவரது துஷ்பிரயோகம் எவ்வாறு தங்களையும், பிள்ளைகளையும் வேதனைப் படுத்துகிறது எதன்பதை அறிய செய்யுங்கள். (எ.கா) கொஞ்சம் கூட பொறுமையாக இருந்தால் எத்தனை அருமையாயிருக்கும் என்பதை விளக்குங்கள்.</p> <p>6.2.மருத்துவ சிகிச்சையை நாடுதல் (உதவியாளர் பங்கு)</p> <p>உங்கள் கணவர், உங்களை உங்கள் குடும்பத்தை குற்றம் சாட்டுவதை சற்றும் நிறுத்தாமல் அவரது துயரமான</p>	<p>ஆய்வாளர் திருமணமான பெண்கள் குடும்ப வன்முறையை தன்பங்கின் புரிதல் தன்மையை சுமுகமாக மேற்கொள்ள கற்பித்தல் மற்றும் திருமணமான பெண்கள் அதனை கவனமாக கவனித்தல்</p>
--	---	--

குழந்தைப் பருவத்தைப் பற்றியும், அழுத்தம், கோபம் போன்றவற்றால் சூழ்நிலை மோசமாகுமாயின், மருத்துவ சிகிச்சையை தேடுங்கள். (எ.கா) ஆலோசகரை அணுகுதல், நடத்தை முறை சிகிச்சை.

6.3.தாய் தன் குழந்தைகளுக்கு படிப்பித்தல் (போதகர்/ஆசிரியர் பங்கு)

தாய் தன் பிள்ளைகட்கு, வன்முறையானது ஒருபோதும் அவர்களது குற்றம் அல்ல என்பதை விளக்கவேண்டும். அவர்களை பாதுகாத்து, பக்கபலமாயிருந்து, வன்முறையின்போது இடைபட முயற்சியாமல் இருக்கவேண்டும்.

வன்முறையானது ஒருபோதும், எக்காரணம் கொண்டும், பெண்களுக்கு விரோதமாய் பயன்படுத்தப்படும் ஆயுதமாய் இருக்கக்கூடாது என்பதை குழந்தைகளுக்கு வற்புறுத்தி கற்றுக்கொடுத்தல் வேண்டும்.

<p>திருமணமான பெண்கள் குடும்ப வன்முறையை சுமுகமாக எதிர் நோக்குவதற்கான உணர்வு பெருந்தன்மை பற்றி அறிதல்</p>	<p>7.குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்குவதற்கான உணர்வு பெருந்தன்மை</p> <p>7.1.உணர்வுகள்</p> <ul style="list-style-type: none"> • நீங்களோ அல்லது உங்கள் கணவரோ எளிதில் தூண்டப்பட்டு ஒரு சண்டையில் ஈடுபடலாம். உங்கள் கணவரது தூண்டுதல் காரணியை அறிந்து கொள்ளுங்கள். (எ.கா.) நீங்கள் வெளியிலிருந்து வந்து காலணிகளை கழற்றும்முன்போ, அவரது தாயாரை குறித்து விவாதிப்பது இத்தகைய தூண்டும் காரணிகளை விலக்க முயற்சியுங்கள். செயல்படுமுன் சற்று பொறுமையாய் ஆரம்பிக்கலாம், உறவுகள் பாதுகாக்கப்படும். <p>7.2. ஒப்புமைபடுத்துதல்</p> <p>மனைவியானவள் தன் கணவர் கடக்கும் சூழ்நிலையில் அக்கறையுள்ளவராயிருப்பின், அவர் மீது நம்பிக்கை வைக்க</p>	<p>ஆய்வாளர் குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்குவதற்கான உணர்வு பெருந்தன்மையை பற்றி விளக்குதல், பங்கேற்பாளர்கள் அதனை நன்கு உற்று கவனித்தல்</p>
---	---	---

ஏதுவாகும். பின்பு கஷ்டம் வந்தாலும், அவரோடு சேர்ந்து அதனை சந்திக்கமுடியும்.

7.3. வளைந்து கொடுத்தல்

சிலநேரங்களில் உங்கள் கணவர் உணர்வுகளில் அழுத்தமுள்ளவர்களாயிருக்கலாம். சில நேரங்களில் நீங்கள் அழுத்தமுள்ளவர்களாயிருக்கலாம். ஒரு மனைவியாக, எப்பொழுது விட்டுக்கொடுத்து போகவேண்டும். ஒருவருக்கொருவர் வளைந்து கொடுத்தல் வேண்டும் என்பதை அறிந்து கொள்ளுங்கள். பொறுமைக்கு எப்பொழுதும் ஒரு பரிசு உண்டு.

7.4. ஒவ்வாமை

சில நேரங்களில், நீங்கள் ஒவ்வாமல், உங்கள் கணவரை உணர்வுபூர்வமாக புண்படுத்தவும் செய்யலாம் அல்லது இதுவே உங்களுக்கும் நேரிடலாம். உங்களை, உங்கள் கணவர் இடத்தில் வைத்து நோக்க முயற்சியுங்கள். எப்பொழுதும் நீங்கள் தான் ஜெயிக்கவேண்டுமானால் நீங்கள் பிரச்சனைக்குள்ளாவீர்கள்.

7.5. எதிர்பார்ப்புகள்

நீங்களும், உங்கள் கணவரும் ஒருவரிடத்திலிருந்து ஒருவர் எதனை எதிர்பார்க்கவேண்டும் என்பதைக் குறித்து ஒத்துபோகவேண்டுமானால், இது ஒருவரையொருவர் நீண்ட நாட்களாக கவனித்து வருவதன் மூலமாகவே சாத்தியமாகும். அவர் உங்கள் சிந்தையை படிக்கவேண்டும் என்று கேட்பதை நிறுத்துங்கள். இது தோற்கடிக்கும் முயற்சியாகும்.

7.6. மன்னித்தல்

நீங்கள் சண்டை போட்டிருப்பீர்களானால், உட்பகையை நீண்டநேரம் மனதில் வைத்திராதீர்கள். போனால் போகட்டும் என மன்னித்து விட்டு தள்ளுங்கள் (உங்களுக்கும் உங்கள் கணவருக்கும்).

7.7. பழி சுமத்தாதீர்கள்

சில நேரம் உங்கள் தவறுதலினால், பிரச்சனைகள்

	<p>உருவாகலாம். சிலநேரம் அது மற்றவற்றின் தவறினால் இருக்கலாம். (எ.கா) நண்பர்கள் மற்றும் பிற உறவினரால்) எப்பொழுதும் மற்றவரை குறித்தே குறைசொல்லிக் கொண்டே இராதீர்கள்.</p> <p>சுருக்கம்</p> <p>குடும்ப வன்முறை எங்கும் காணப்படுகிறது. இந்த கையேட்டில் உள்ள குடும்ப வன்முறையின் நான்கு பிரிவுகளாவன, உடற்காயங்கள், விமர்சனங்கள், பொருளாதார மற்றும் உணர்ச்சி துஷ்பிரயோகம், குடும்ப வன்முறையின் சுழற்சியில் உள்ள நான்கு கட்டங்கள் யாதெனில் நடப்பு, அழுத்தம் உருவாகுதல், சமாதானப்படுதல் மற்றும் அமைதி கட்டம். குடும்ப வன்முறையின் பிரிவுகள் பொருத்து அதனை சுமுகமாக தடுக்கவும், மேற்கொள்ளவும், பல வழிகள் உள்ளன. தன் பங்கின் புரிதல் தன்மையும் உணர்ச்சியின் முதிர்வு தன்மையும் குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்க உதவுகிறது.</p> <p>முடிவுரை</p>	
--	---	--

நீங்கள் துஷ்பிரயோகம் செய்யப்படும்போது, நீங்கள் மட்டுமே குற்றம் சாட்டப்படக்கவர் அல்ல என்பதை நினைவு கூறுங்கள். உங்கள் கணவரது துஷ்பிரயோகிக்கும் குணத்திற்கு நீங்கள் மட்டுமே எல்லா நேரங்களிலும் காரணமாகமாட்டீர்கள். நீங்களும் உங்கள் பிள்ளைகளும் மதிப்போடு நடத்தப்பட தகுதியானவர்களே. உங்கள் பங்கின் புரிதல் தன்மையையும், உணர்வுகளின் முதிர்வு தன்மையையும் வளர்த்து, பழக்கப்படுத்தி, குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்குங்கள். ஒருவரையொருவர் புரிந்து கொண்ட வாழ்க்கை வாழ்வுங்கள்.

சில நேரங்களில், நீங்கள் வாழ்வை அச்சுறுத்தும் சூழ்நிலையில் (உடல் துஷ்பிரயோகம்) இருப்பீர்களானால், இது பொருந்தாது. புத்தியாய் யோசியுங்கள். உங்களையும் உங்கள் குழந்தைகளையும் பாதுகாக்கும் வழிகளை தேர்வு செய்யுங்கள். நீங்கள் மட்டும் தனியாக இல்லை என சிந்தித்துக் கொள்ளுங்கள். உங்களுக்கு உதவ மக்கள் உள்ளனர்.

	“உங்களை விலையுயர்ந்த இரத்தினமாக மதிப்பிடுங்கள்”	
--	--	--

ANNEXURE - IX
BOOKLET ON
“FACE DOMESTIC VIOLENCE POSITIVELY
(FOR MARRIED WOMEN)”



Research Guide:

Dr.Prof.S.Maragatham, M.Sc(N)., M.Phil(N), Ph.D.
Professor cum Principal,
Shanmuga College Of Nursing, Salem.

Clinical Speciality Guide:

Mr. P.Selvaraj, M.Sc(N).,
Associate Professor in Psychiatric Nursing,
Shanmuga College Of Nursing, Salem.

Prepared by:

Mrs. Jayalakshmi.M,
II - year. M.Sc. (N),
Shanmuga College Of Nursing, Salem-636007.

INDEX

SI NO.	CONTENT	PAGE. NO.
1	Introduction	
2	Aim	
3	Objectives	
4	Concept of domestic violence	
5	Types of domestic violence	
6.	Cycle of domestic violence	
7.	Measures to prevent and overcome domestic violence	
8.	Role recognition	
9.	Emotional competence to face domestic violence positively	
10.	Summary	
11.	Conclusion	
12.	Reference	

2. INTRODUCTION

If you find a wife, you have found something good.

(Proverb)

Have you ever sewn a dress? When you lay out the pattern and cut the cloth, you have only some scraps of cloth and a garment. When it is properly assembled, used with buttons, zipper, these pieces make a complete dress. Same way, when there is mutual understanding between you and your spouse, domestic violence is less and life is happy. But sometimes you feel as you are being abused, treated unfairly.

Domestic violence is one of the most serious issues that affect the lives of millions of women in the world. Domestic violence is not a new problem; in fact, it is probably as old as human kind.

The level of civilization that any society has reached can be measured by the degree of freedom, respect and role given to women.

TamilNadu tops in domestic violence cases (Indian express, 30th November 2012, Times of India, 19th August 2013).

Domestic violence often goes unnoticed, as it often occurs within the four walls of a home. Most women feel reluctant to speak about domestic violence in public or to even a close person. Abuse or violence of any type wounds deeply and can destroy the women's self-esteem.

2. AIM ;

This booklet aims in helping married women to face domestic violence positively, in terms of their role recognition and emotional competence.

3. OBJECTIVES

By reading and following this booklet, a married woman will be able to,

- Gain the knowledge on concept of domestic violence.
- Recognise the types of domestic violence.
- Associate the cycle of violence.
- Apply the measures to prevent and overcome domestic violence positively.
- Adopt role- recognition to face domestic violence positively.
- Develop emotional competence to face domestic violence positively.

4. CONCEPT OF DOMESTIC VIOLENCE

Domestic violence is about one person (especially the male partner) in a married relationship using a pattern of abusive behaviours to control the other person (usually the unmarried woman).

Domestic violence also known as domestic abuse, spousal abuse, family violence and intimate partner violence (IPV) can be broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship.

Domestic violence can happen to any woman, yet the problem is often excused or denied. This is especially true when abuse is emotional rather than physical.

The abusing spouse may have suffered violence in childhood and often come from backgrounds in which violence is frequent. Stress factors for domestic violence may include poverty, low educational attainment, and having multiple children, alcoholism and dowry.

5. TYPES OF DOMESTIC VIOLENCE.

People think of domestic violence as physical abuse such as hitting. Other forms of domestic violence are, verbal abuse, financial abuse and psychological abuse.

a) Physical abuse:

Physical abuse is the use of physical force against married woman by spouse. It includes slapping, pushing, kicking, hitting, throwing objects, beating, threatening with any form of weapon or using a weapon.

b) Verbal abuse:

The abuser may use, insulting the woman and her family in private or public, humiliating the woman, accusing the woman being unfaithful, criticizing the physical appearance of woman, her interests, opinions. It also includes making woman's friends or family uncomfortable when they come to visit her, so they stop coming again.

c) Financial abuse:

The spouse uses money as a tool to control the woman.
Example,

- 1) Spouse rigidly controlling the finances of woman.
- 2) Withholding basic necessities.

- 3) Stealing from woman.
- 4) Preventing from working.

d) Emotional abuse:

Emotional abuse is not recognized outside. It includes being suspicious and checking the woman constantly by the spouse, threatening to hurt or kill the woman or to commit suicide if she tries to leave the spouse. Again, woman's feelings, opinions and needs are not given importance by spouse, refusing to discuss issues that are important to wife is also considered as Emotional abuse. This ultimately results in lack of self worth, self-esteem and self-confidence, depression, anxiety and guilt.

6. CYCLE OF VIOLENCE

Cycle of violence happens hundreds of times in an abusive relationship. Each stage lasts a different amount of time from few hours to a year or more to complete. Not all domestic violence fits the cycle.

Cycle of violence consists of four phases,

- a. Incident phase
- b. Tension building phase
- c. Making up phase
- d. Calm phase

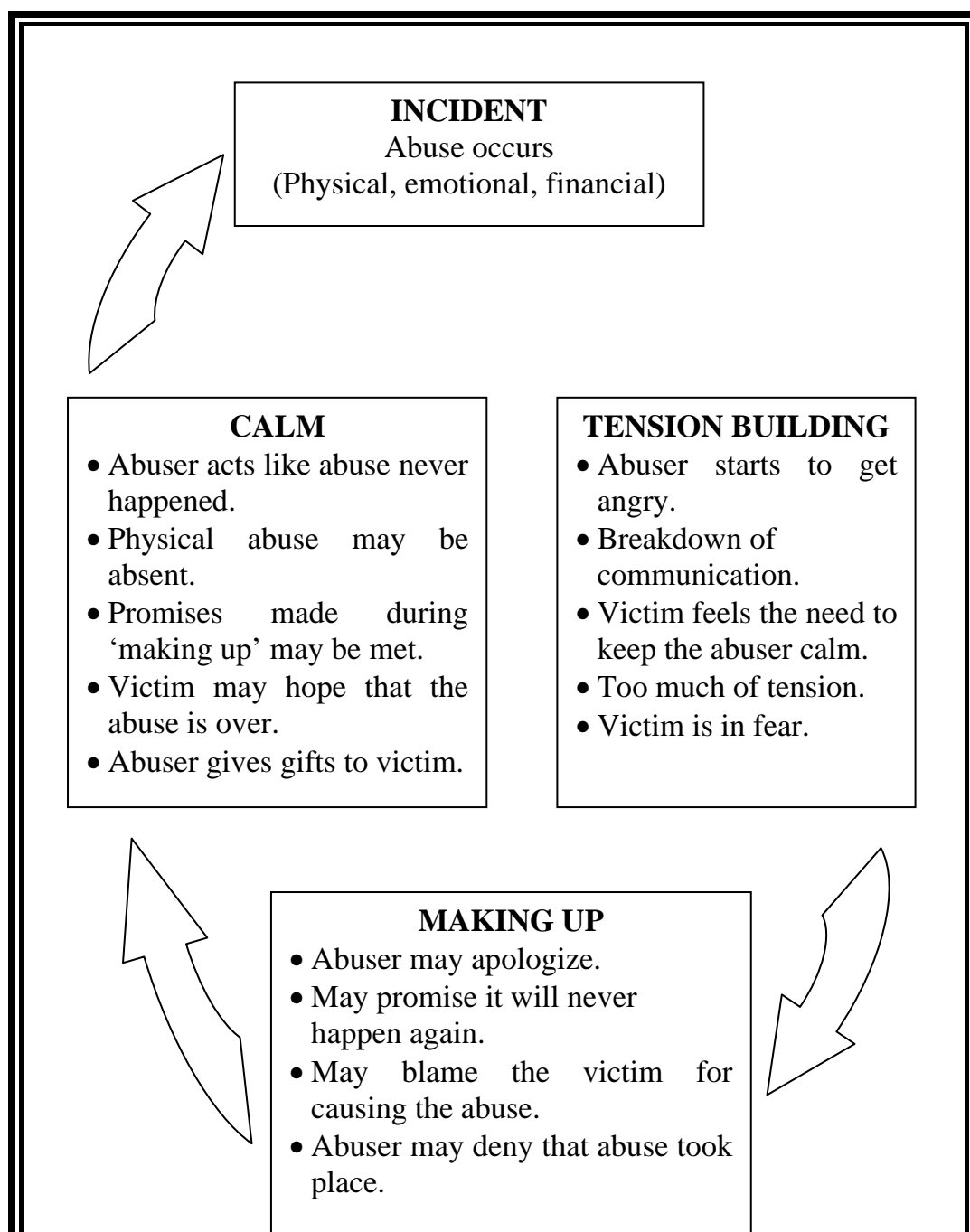


Fig.1.Cycle of Violence [Walker,Lenore,1979]

7. MEASURES TO PREVENT AND OVERCOME DOMESTIC VIOLENCE.

I. Physical abuse

These are the safety tips for the married woman to protect herself during physical abuse;

1. Know your spouse's red flags:

Be alert for signs and clues that your spouse is getting upset and may explode in anger or violence. Don't be panic.

2. Identify safe areas of the house:

Know where to go if your spouse attacks or an argument starts. Avoid small, enclosed spaces without exits (such as closets or bathrooms) or rooms with weapons (such as kitchen). If possible, use a room with a phone and an outside window or a door. Try to safeguard yourself and your children from being injured.

3. Come up with a code word:

Establish a word, phrase, or signal you can use to let your children, friends, neighbor's, co-workers know that you are in danger and need help. Memorize few important contact numbers.

Other recommendations are,

- Never let anger to dominate which in turn aggravates the situation.
- In case of injury, seek medical advice appropriately.
- Analyse the cause of physical abuse.
- If it is the woman's mistake, admit and apologise immediately.
- Find right time and place to discuss issues related to husband's fault.
- Never start an argument in front of children.
- Don't hold a grudge too long.
- Move forward instead of harbouring resentment about the past.
- If situation worsens, seek a trustworthy, senior person or a counsellor's help.

II. Verbal abuse

When your husband accuses you and your family, friends verbally, try not to outburst your anger in an aggressive tone. Avoid speaking negative aspects of him and his family members. Try to remain calm and quiet until his

anger reduces. Find a right time, place to notify his fault in a positive attitude.

Other recommendations are,

- Avoid brining up problems as soon as he enters the house, at bed time.
- Avoid speaking husband's fault to others.
- Avoid passing judgement.
- Avoid critiquing your husband.
- Be understanding, when you discuss an issue with your husband.

III. Financial abuse

When your spouse rigidly controls your finances, try to have mutual financial understanding by discussion with your husband in monetary matters. Discuss with your husband regarding the basic necessities, how to meet children's educational expenses when he is in a relaxed mood.

Have realistic financial expectations. Spend money wisely. e.g. Plan together in preparing a budget, in meeting the expected and unexpected expenses. Try to be constructive such as by saving money. Discuss and have mutual

understanding to work in meeting financial deficiencies. (e.g. Explain in a way that financial burden will be reduced).

IV. Emotional abuse

- If your husband devalues your feelings, opinions and beliefs, accept him as an imperfect person, as no relationship is perfect. Try to spend time with your children constructively,[eg. participate in your child's life, in their own activities, school, sports, etc.,] which in turn decreases depression, your isolation, increases self-worth and self- confidence. If no children, plan to have children.
- Be kind to yourself: Develop a positive way of looking at you and talking to yourself. Use affirmations to counter the negative comments you get from the abuser. Take time to do things you enjoy, that helps to relieve stress.

Other recommendations are

- Prove your importance to your husband by meeting his physical and psychological needs promptly.
- Praise your husband more when he is right.
- Argue less about things when he is wrong.

- Treat your husband with respect.
- Appreciate his commitment to you.
- Be a good companion to your husband by cheering him.

8. ROLE REGOGNITION;

- **Help Your Spouse: [Wife role]**

Assist your spouse in fulfilling his physical needs.eg.in preparing food items he likes. Have mutual understanding in meeting each other's psychological needs. Find right time and place in making your spouse to understand how his abuse hurts her and children, in a positive attitude.eg. Explain him how pleasant it will be, if he is little more patient.

- **Seek Professional Treatment: [Helper role]**

If condition worsens, like spouse never stops blaming you, your family, his unhappy childhood, stress, his temper, and then seek professional treatment.eg.Counselling, behavior therapy.

Mother Should Teach Their Children: [Teacher]

Mother should explain to the children that violence is never the fault of them. Provide support to them and help them to be safe and not attempt to intervene._Keep insisting

on instructing the children that violence should never be used as a weapon against women at any cost.

9. EMOTIONAL COMPETENCE TO FACE DOMESTIC VIOLENCE POSITIVELY.

Feelings:

- You or your partner may be easily triggered and react to a fight. Identify the triggering aspect of your spouse. e.g. before removing his sandals, starting to argue about his mother. Try to avoid such triggers. Start by waiting a bit before reacting; the relationship will feel safer.

Relating:

- When a woman cares about what her spouse is going through, she may be able to establish trust on him, and then even if difficulty comes, a woman can handle mutually with her spouse.

Flexibility:

- Sometimes your husband is strong in his emotions, sometimes you are strong. As a wife, know when to be flexible, count on each other. Patience always has a reward.

Disagreements:

- At times a wife may disagree and even hurt her spouse emotionally or can occur vice versa. Try to put yourself into your partner's shoes. You are in trouble if you ALWAYS have to win.

Expectations:

- If you and your partner want to agree on what to expect from each other, this comes from listening to each other overtime. Stop asking him to read your mind. This is a losing strategy.

Forgiveness:

- If you had a fight, do not resent for a long time. Work on letting go. [means for you and your partner].

Do not externalize:

- Sometimes problems that come up may be your fault. Sometimes it is someone else's fault.eg.in-laws, friends and other relations. Do not keep on blaming always on others.

10. SUMMARY

Domestic violence is widely prevalent. The four types of domestic violence included in this booklet are physical, verbal, financial and emotional. Cycle of domestic violence consists of four phases namely incident, tension building, making up and calm phase. There are various measures to prevent and overcome domestic violence positively according to its types. Role recognition and emotional competence helps to face domestic violence positively.

11. CONCLUSION

If you are being abused remember, you alone are not to blame for being mistreated. You alone are not the cause of your partner's abusive behavior at all times. You and your children deserve to be treated with respect. You and your family deserve a safe and happy life. Practice and develop role recognition and emotional competence, face domestic violence positively. Lead a mutually understanding life.

At times, it may be inappropriate, if you are under life – threatening conditions [physical abuse], be wise. Take steps to protect yourself and your children. Remember, you are not alone. There are people waiting to help you.

“VALUE YOURSELF AS A PRICELESS DIAMOND”

12. REFERENCE

1. Gail W. Stuart and Michael T. Laraia, (2005). "Principles and Practice of Psychiatric Nursing". (8th edition), Mosby, New Delhi.
2. Mary C. Townsend. (2000). "Psychiatric Mental Health Nursing", 4th FA. Davis Company, Philadelphia.
3. Michel Golden and Dennis Gath, (1996), "Oxford Textbook of Psychiatry", (3rd edition), Oxford University, New York.
4. Morgan T. Clifford, (2001). "Introduction to psychology". (15th edition), Tata McGraw Hill, New Delhi.
5. L. Videbeck, (2001). "Psychiatric and mental health nursing" Sheila reprint, Lippincott, Philadelphia.

**திருமணமான பெண்கள் குடும்ப வன்முறைகளை
சுயமாகவும், சுமுகமாகவும் சமாளிக்கும் முறைகளை
உள்ளடக்கிய கையேடு**



வழிகாட்டி:

பேராசிரியர். செ.மரகதம், எம்.பில்., (செவிலியர்), (பி.ஹெச்.டி.),
முதல்வர்,
சண்முகா செவிலியர் கல்லூரி,
சேலம் -7.

துணை வழிகாட்டி:

திரு.பி.செல்வராஜ், எம்.எஸ்.சி., (செவிலியர்),
துணை பேராசிரியர்,
சண்முகா செவிலியர் கல்லூரி,
சேலம் -7.

தயாரிப்பு:

திருமதி.மு.ஜெயலட்சுமி,
இரண்டாம் ஆண்டு முதுகலை செவிலியர் மாணவி,
சண்முகா செவிலியர் கல்லூரி,

சேலம் -7.

பொருளடக்கம்

வ.எண்	தலைப்பு	பக்க எண்
1.	முன்னுரை	3
2.	குறிக்கோள்	4
3.	நோக்கங்கள்	4
4.	குடும்ப வன்முறை குறித்த விளக்கம்	5
5.	குடும்ப வன்முறையின் பிரிவுகள்	6
6.	வன்முறையின் சுழற்சி	9
7.	குடும்ப வன்முறையை தடுக்கும் மற்றும் மேற்கொள்ளும் முறைகள்	11
8.	புரிதல் தன்மை	17
9.	குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்குவதங்கான உணர்வு பெருந்தன்மை	18
10.	சுருக்கம்	21
11.	முடிவுரை	21

1. முன்னுரை:

“மனைவியை கண்டடைகிறவன் நன்மையானதைக்
கண்டடைகிறான்”

- நீதிமொழி

நீங்கள் ஒரு ஆடையை தைத்ததுண்டா? துணியை விரித்து அதை வெட்டும்போது, வெறும் சிறுதுண்டுகளாக காணப்படும். அதை இரண்டு இரண்டு துண்டுகளாய் இருக்கும் துணியை சீராக சேர்த்து, பொத்தான் மற்றும் சிப் (zip) வைத்து சேர்த்து தைக்கும்போது ஒரு முழுமையான ஆடை உருவாகிறது. அதைப் போலவே கணவனும் மனைவியும் ஒருவரையொருவர் புரிந்து கொண்டு வாழும் போது, குடும்ப வன்முறையின்றி, மகிழ்ச்சியான வாழ்க்கை வாழமுடியும். ஆனால் சில சமயங்களில் நீங்கள் சரியாக நடத்தப்படாமல் துன்புறுத்தப்படுவதாக எண்ணலாம்.

உலகிலுள்ள ஆயிரமாயிரமான பெண்களின் வாழ்க்கையில், குடும்ப வன்முறையானது ஒரு மிக முக்கிய பிரச்சனையாக காணப்படுகிறது. குடும்ப வன்முறையானது ஒரு புதிய பிரச்சனையல்ல. உண்மையில், தொன்றுதொட்டு மனித உறவுகளில் காணப்படுகிறது. ஒரு சமூகம் எந்தளவிற்கு பெண்களுக்கு சுதந்திரம், மரியாதையை

கொடுக்கிறதோ, அந்த அளவிற்கு நாகரீகம் அடைந்ததாய் கருதப்படுகிறது.

குடும்ப வன்முறையில் தமிழ்நாடு மேலோங்கி உள்ளது.
(இந்தியன் எக்ஸ்பிரஸ், 30 நவம்பர், 2012)

குடும்ப வன்முறை வீட்டின் நான்கு சுவருக்குள் நடப்பதால், கவனிக்கப்படாமல் போகிறது. அநேக பெண்கள் குடும்ப வன்முறை குறித்து வெளிப்படையாகவோ அல்லது நெருங்கிய உறவினரிடமோ பேச தயக்கப்படுகிறார்கள். எவ்வகையான குடும்ப வன்முறையானாலும், அது பெண்களின் உள்மனதைக் காயப்படுத்தி அவர்களின் சுயமதிப்பை குறைக்கிறது.

2. குறிக்கோள்:

இந்த குறிப்பேடு, திருமணமான பெண்கள் எவ்வாறு குடும்ப வன்முறையை தன்னுடைய புரிதல் தன்மையாலும், மனஉணர்வுகளாலும் சுமுகமாக எதிர்கொள்ளவேண்டும் என்பதை பற்றி விளக்க உதவுகிறது.

3. நோக்கங்கள்

இந்த குறிப்பேட்டினை படிப்பதன் மூலம், திருமணமான பெண்கள் கீழ்க்கண்டவற்றை கடைப்பிடிப்பதற்கு வழிவகுக்கும்.

- குடும்ப வன்முறை பற்றிய அறிவை புரிந்து கொள்ளுகிறார்கள்.
- குடும்ப வன்முறையின் வகைகளை அறிந்து கொள்கிறார்கள்.
- வன்முறையின் சுழற்சியை இணைத்துக் கொள்கிறார்கள்.
- குடும்ப வன்முறையை சுமுகமாக மேற்கொள்ள மற்றும் தடுக்கும் முறைகளை பயன்படுத்த உள்ளார்கள்.
- தன் பங்கின் புரிதல் தன்மையை சுமுகமாக பயன்படுத்த அறிகிறார்கள்.
- மனஉணர்வுகளை மேம்படுத்தி சுமுகமாக குடும்ப வன்முறையை சந்திக்கிறார்கள்.

4. குடும்ப வன்முறைக் குறித்த விளக்கம்

குடும்ப வன்முறை என்பது, திருமண உறவில் உள்ள ஒருவர் (அதிகமாக ஆண்), ஒரு வகையான துன்புறுத்தும் குணங்களை, நடத்தைகளை பின்பற்றி மற்றவரை (அதிகமாக தன் மனைவியை) கட்டுப்படுத்துதலாகும்.

குடும்ப வன்முறையானது எந்த பெண்ணிற்கும் நேரிடலாம். அநேக நேரங்களில், அது மறுக்கப்படுகிறது மற்றும் மன்னிக்கப்பட்டு மறைக்கப்படுகின்றது. குறிப்பாக

இது உடல்நீதியாக இருப்பதைவிட மனநீதியாக இருக்கும்போது உண்மையாகிறது.

வன்முறையில் ஈடுபடும் கணவர் சிறுவயதில் குடும்ப வன்முறையால் பாதிக்கப்பட்டிருக்கலாம் அல்லது வன்முறை அதிகளவில் உள்ள பின்னணியத்தில் இருந்து வந்திருக்கலாம்.

ஏழ்மை, போதிய படிப்பறிவு இல்லாமை, அதிக குழந்தைகள், வரதட்சணை கொடுமை மற்றும் குடிபழக்கம் ஆகியவை குடும்ப வன்முறைக்கான காரணங்களாகும்.

5. குடும்ப வன்முறையின் பிரிவுகள்

குடும்ப வன்முறையானது அடித்தல், உதைத்தல் போன்ற சரீர தாக்குதல் அல்லது உடல் காயங்களை உண்டாக்குதல் என மக்கள் எண்ணுகிறார்கள்.

வார்த்தை விமர்சனங்கள், பொருளாதார சிக்கல்கள் அடங்கிய வன்முறை மற்றும் மனநீதியான உள்ளக் காயங்களும் குடும்ப வன்முறையின் பிற பிரிவுகள் ஆகும்.

5.1. குடும்ப வன்முறை - உடற்காயங்கள்

திருமணமான பெண்களுக்கு விரோதமாய் கணவனால் பயன்படுத்தப்படும் உடல் வலிமையாகும். அறைதல்,

தள்ளுதல், உதைத்தல், இடித்தல், அடித்தல், பொருட்களை
எறிதல் மற்றும் ஆயுதங்களை பயன்படுத்தியோ,
ஆயுதங்களால் மிரட்டுதல் போன்றவை
உடற்காயங்களுக்குரிய குடும்ப வன்முறையில் உள்ளடங்கும்.

5.2.மனக்காயங்களை உருவாக்கும் விமர்சனங்கள்

துஷ்பிரயோகம் செய்யும் கணவர், தன் மனைவியை
மற்றும் அவரது குடும்பத்தினரை தனிப்பட்ட முறையிலோ,
பொதுவிலோ இழிவுப்படுத்துதல், தாழ்மைப்படுத்துதல்,
பெண்ணிடத்தில் உண்மையில்லை என குற்றம்சாட்டுதல்,
உடல் அமைப்பை குறித்து, அவரது விருப்பங்கள்,
யோசனைகளை குறித்து கேலி செய்தல் போன்றவற்றை
பயன்படுத்துகிறார்கள். மேலும் மனைவியின் உறவினர்
மற்றும் நண்பர் வரும்போது அவர்களை சங்கடப்படுத்தி
மீண்டும் வராதவாறு செய்தலும் மனக்காயத்தை உருவாக்கும்
விமர்சனங்களுள் ஒன்றாகும்.

5.3.பொருளாதார துஷ்பிரயோகம்

பெண்களை அடக்குவதற்கு, பணத்தை ஒரு கருவியாக
கணவர் பயன்படுத்துவார்.

உதாரணமாக,

5. மனைவிக்குரிய பொருளாதார தேவைகளை குறைப்பது
6. அடிப்படை தேவைகளை நிறைவேற்ற மறுத்தல்

7. மனைவியிடமிருந்து திருடுதல்

8. வேலைக்கு போகவிடாமல் தடுத்தல்

5.4. உணர்வுகளின் துஷ்பிரயோகம்

உணர்வுகளின் துஷ்பிரயோகம் வெளியில் காணப்படுவதில்லை. சந்தேகப்படுதல், எப்பொழுதும் தன் மனைவியை நோட்டம் விடுதல், காயப்படுத்துவதாகவும், கொன்றுவிடுவதாகவும் அல்லது மனைவி தன்னை விட்டு சென்றால் தற்கொலை செய்து கொள்ளப்போவதாகவும் மிரட்டுதல் போன்றவை இதனுள் அடங்கும்.

மேலும் மனைவியின் உணர்வுகள், யோசனைகள் மற்றும் தேவைகளுக்கு முக்கியத்துவம் கொடுக்கப்படுவதில்லை, மனைவிக்குரிய முக்கிய காரியங்களை அவரிடம் ஆலோசிக்க மறுத்தல் போன்றவையம் உணர்வுகளின் துஷ்பிரயோகமாக கருதப்படுகிறது. அடுத்த கட்டமாக இது மனைவியின் சுயமதிப்பு, சுயமரியாதை மற்றும் தன்னம்பிக்கையை இழக்கச் செய்து, அழுத்தம், கோபம் மற்றும் குற்ற உணர்வை விளைவிக்கின்றது.

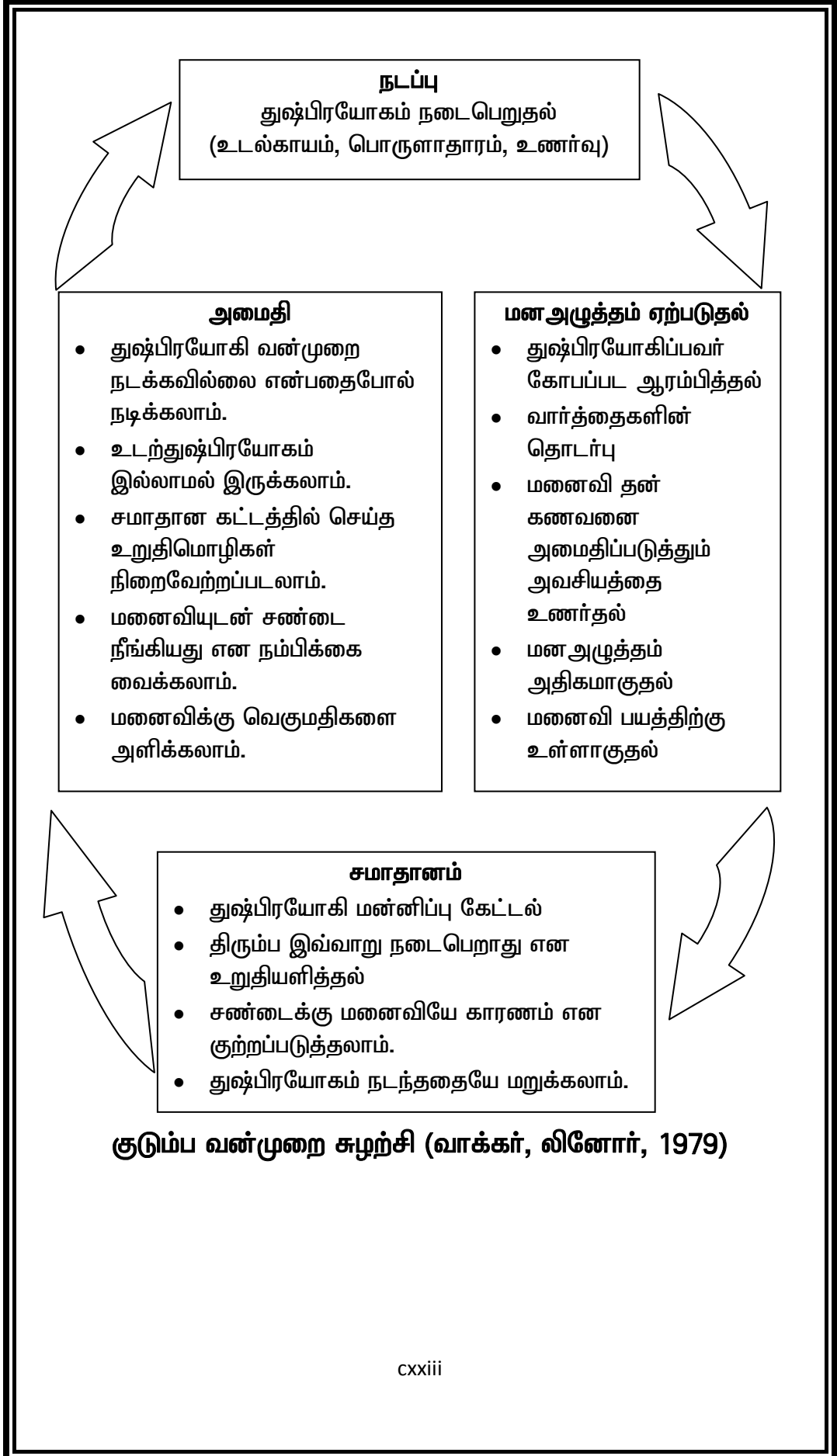
6. வன்முறையின் சுழற்சி

குடும்ப வன்முறையின் சுழற்சி ஒரு துஷ்பிரயோகம் செய்யும் உறவுமுறையில், நூறு தடவைக்கு மேல் நடந்தேறலாம். ஒவ்வொரு கட்டமும் சிலமணி நேரங்களிலிருந்து ஒரு வருடம் அல்லது அதற்கு மேலும் நடந்தேறலாம்.

எல்லா குடும்ப வன்முறையும் இந்த சுழற்சியில் அடங்கும் என கருதமுடியாது.

வன்முறை சுழற்சியானது நான்கு கட்டங்களை உள்ளடக்கியுள்ளது.

5. நடப்பு கட்டம்
6. அழுத்தம் ஏற்படும் கட்டம்
7. சமாதானக் கட்டம்
8. அமைதிக் கட்டம்



7. குடும்ப வன்முறையை தடுக்கும் மற்றும் மேற்கொள்ளும் முறைகள்

7.1. உடற்காயங்கள்

திருமணமான பெண், உடற்காயங்களின்போது தன்னைப் பாதுகாத்துக்கொள்ளும் குறிப்புகள் யாதெனில்,

4. உங்கள் கணவரின் கோபத்தின் அடையாளங்களை அறிந்து கொள்ளுங்கள்.

உங்கள் கணவர் கோபத்தால் அல்லது வன்முறையில் வெடிக்கும் தருணங்களுக்குரிய அடையாளங்கள் மற்றும் குறிப்புகளை அறிந்து எச்சரிக்கையாயிருங்கள், பயப்படாதீர்கள்.

5. வீட்டின் பாதுகாப்புக்கான இடங்களை அறிந்து கொள்ளுங்கள்.

உங்கள் உணவர் அடிக்கும்போதோ, வாக்குவாதம் ஆரம்பமாகும்போதோ, எங்கு செல்வது என்று அறிந்து கொள்ளுங்கள், வெளியேற்றம் இல்லாத அறைகள் மற்றும் ஆயுதங்கள் அதிகம் உள்ள அறைகளை (எ.கா. சமையலறை) தவிர்க்கவும்.

கூடுமானவரை தொலைபேசி வசதி மற்றும் கதவு அல்லது ஜன்னல் உள்ள அறைகளைப் பயன்படுத்திக் கொள்ளலாம். உங்களையும் உங்கள் பிள்ளைகளையும் காயப்படாதவாறு காத்துக்கொள்ளவும்.

6. ஒரு குறிவார்த்தையைப் பயன்படுத்துதல்

உங்கள் குழந்தைகள், நண்பர்கள், அடுத்த வீட்டார் அறியும் ஒரு வார்த்தை, சொற்றொடர் அல்லது ஒரு குறியை பயன்படுத்தி, அதனால் நீங்கள் ஆபத்தில் உள்ளீர்கள் மற்றும் உதவி தேவை என்று விளங்கச் செய்யுங்கள். சில முக்கிய தொடர்பு கொள்கைகளும் எண்களையும் மனப்பாடம் செய்து வைத்துக் கொள்ளுங்கள்.

மற்ற பரிந்துரைகளாவன:

- உங்கள் கோபம் உங்களை ஆட்கொள்ள விடாதிருங்கள். அது சூழ்நிலையை மேலும் மோசமானதாக்கும்.
- காயமேற்படுமாயின், மருத்துவ ஆலோசனையை தக்கவாறு அணுகவும்.
- உடற்காயத்தின் (குடும்ப வன்முறையினால் / துஷ்பிரயோகத்தின்) காரணத்தை ஆராயவும்.
- மனைவியின் தவறாயிருப்பின், ஏற்றுக்கொண்டு உடனே உடன்பாடு செய்யுங்கள்.
- சரியான இடம், சரியான நேரம் பார்த்து கணவனின் குறைகளை விளக்குங்கள்.

- குழந்தைகின் முன்பு விவாதத்தை ஒருபோதும் ஆரம்பிக்கலாகாது.
- நீண்ட நேரம் உட்பகையை வைத்துக்கொள்ள வேண்டாம்.
- நடந்ததை பற்றியே சிந்திக்காமல் முன்னோக்கிச் செல்ல முயலுங்கள்.
- சூழ்நிலை மோசமாகும் தருவாயில், நம்பகமான, அனுபவமுள்ள அல்லது ஆலோசகரின் உதவியை நாடுங்கள்.

7.2.விமர்சனங்கள்

உங்கள் கணவர் உங்களை மற்றும் உங்கள் குடும்பத்தை, உங்கள் நண்பரை வார்த்தையால் துஷ்பிரயோகம் செய்யும்போது, உங்கள் கோபத்தை கடுமையான குரலில் வெடிக்க முயலாதீர்கள். உங்கள் கணவரை குறித்தோ அல்லது அவரது குடும்ப நபர்களைக் குறித்தோ அல்லது அவரது குடும்ப நபர்களைக் குறித்தோ இழிவாக பேசுவதை தவிருங்கள். உங்கள் கணவரது கோபம் தணியும்வரை, அமைதியாகவும், பொறுமையாகவும் இருக்க முயலுங்கள். சரியான நேரம், இடம் அறிந்து, கணவனின் தவறுகளை, சாதகமான வகையில் சுட்டிக்காட்டுங்கள்.

மற்ற பரிந்துரைகளாவன

- உங்கள் கணவர் வீட்டிற்குள் நுழைந்தவுடன், படுக்கைக்கு செல்லும்முன் பிரச்சனைகளை கிளப்புவதை தவிர்க்கவும்.
- கணவனின் குறைகளைப் பற்றி மற்றவரிடம் பேசுவதை தவிர்க்கவும்.
- நியாயம் செய்வதை தவிர்க்கவும்.
- கணவனை கேலி செய்வதை தவிர்க்கவும்.
- உங்கள் கணவனிடம் ஒரு காரியத்தைக் குறித்து விவாதிக்கும்போது அந்த காரியத்தைக் குறித்து தெளிவாயிருங்கள்.

7.3. பொருளாதார துஷ்பிரயோகம்

உங்கள் கணவர் உங்களுக்குரிய பொருளாதார நிலையை கட்டுப்படுத்தும்போது, அவரோடு பணத்தேவைகளைக் குறித்து கலந்துரையாடி, சமூக பொருளாதார புரிதல் தன்மையை பெற முயற்சியுங்கள்.

உங்கள் கணவர் தெளிந்த மனதோடு இருக்கும்போது, அவரிடம் அடிப்படை தேவைகள் மற்றும் குழந்தைகளின் படிப்பிற்குரிய செலவுகள் பற்றி, அதனை எவ்வாறு சந்திப்பது பற்றியும் கலந்துரையாடுங்கள்.

சந்திக்க கூடுமான பொருளாதார எதிர்பார்ப்புகளை கொள்ளுங்கள். புத்திசாலிதனமாக பணத்தை செலவு செய்யுங்கள். எ.கா. பட்ஜெட் தயாரிப்பதில், எதிர்நோக்கும் மற்றும் எதிர்பாரா செலவுகளை சந்திப்பதில் ஒன்று சேர்ந்து திட்டம் செய்யுங்கள். பணத்தை சேமிப்பதின் மூலம், உருவாக்கும் திறனுள்ளவர்களாய் முயற்சியுங்கள்.

பொருளாதார பற்றாக்குறைகளை சந்திப்பதில் ஒருவருக்கொருவர் ஆலோசித்து, சமத்துவ புரிதலோடு வேலை செய்யுங்கள். (எ.கா. நீங்கள் வேலைக்கு போனால், பொருளாதார பாரம் குறையும் என்பதை விளக்கிச் சொல்லுங்கள்)

7.4. உணர்ச்சி துஷ்பிரயோகம்

உங்கள் கணவர் உங்கள் உணர்வுகள், யோசனைகள் மற்றும் நம்பிக்கையை இழிவுபடுத்தினதுண்டானால், அவர் இருக்கும் வண்ணமாக ஏற்றுக்கொள்ளுங்கள், ஏனெனில் எந்த உறவும் முழுமையானதல்ல. பயனுள்ள வகையில் உங்கள் குழந்தையோடு நேரத்தை செலவிட முயலுங்கள். (உதாரணமாக, உங்கள் குழந்தைகளின் வாழ்க்கையில், அவர்களது சொந்த நடவடிக்கையில், பள்ளி மற்றும் விளையாட்டு காரியங்களில் ஈடுபடுதல்) இவ்வாறு செய்யும் போது உங்கள் தனிமை, மனஅழுத்தம் குறைந்து, உங்கள்

சுயமதிப்பு மற்றும் தன்னம்பிக்கை அதிகரிக்கும்.
குழந்தைகளில்லையெனில் அவர்களுக்காக திட்டம்
செய்யுங்கள்.

உங்களுையே நேசியுங்கள். உங்களுையே நீங்கள்
உற்றுநோக்குவதிலும், உங்களை குறித்து பேசுவதிலும், ஒரு
சுமுகமான/ சாதகமான முறையை மேம்படுத்துங்கள்.

உங்களை துஷ்பிரயோகிப்பவரிடமிருந்து வரும்
பொல்லாத விமர்சனங்களை ஈடுகட்ட, இந்த சாதக
முறைகளை பயன்படுத்தலாம். நீங்கள் மகிழும்
காரியங்களைச் செய்ய நேரம் எடுத்துக் கொள்ளுங்கள். இது
உங்கள் மன அழுத்தத்தை தவிர்க்கும்.

மற்ற பரிந்துரைகளாவன

- உங்கள் கணவரது உடல் மற்றும் உள்ளத் தேவைகளை
சரியாக சந்திப்பதின் மூலம் அவருக்கு உங்கள்
முக்கியத்துவத்தை நிரூபியுங்கள்.
- உங்கள் கணவரது நன்மைகளுக்காக அவரைப்
பாராட்டுங்கள்.
- அவர் தவறிழைக்கும்போது குறைவாகவே
விவாதியுங்கள்.
- உங்கள் கணவருக்குரிய மரியாதையை செலுத்துங்கள்.

- உங்களோடிருக்கும் உடன்பாட்டிற்காக அவரை பாராட்டுங்கள்.
- உங்கள் கணவருக்கு நல்ல நண்பராய் இருந்து அவரை ஊக்கப்படுத்துங்கள்.

8. புரிதல் தன்மை

8.1.உங்கள் கணவருக்கு உதவுங்கள் (மனைவியின் பங்கு)

உங்கள் கணவர் தன் சரீர தேவைகளை சந்திப்பதில் அவருக்கு உதவிடுங்கள். (உதாரணமாக அவருக்கு பிடித்த உணவு வகைகளை தயாரித்தல்). ஒருவருக்கொருவர் உள்ளத் தேவைகளை சந்திப்பதில் சுமுக தெளிவுடையவர்களாயிருங்கள். சரியான நேரமும், இடமும் அறிந்து, சுமுக முறையில், உங்கள் கணவரது துஷ்பிரயோகம் எவ்வாறு தங்களையும், பிள்ளைகளையும் வேதனைப் படுத்துகிறது எதன்பதை அறிய செய்யுங்கள். (எ.கா) கொஞ்சம் கூட பொறுமையாக இருந்தால் எத்தனை அருமையாயிருக்கும் என்பதை விளக்குங்கள்.

8.2.மருத்துவ சிகிச்சையை நாடுதல் (உதவியாளர் பங்கு)

உங்கள் கணவர், உங்களை உங்கள் குடும்பத்தை குற்றம் சாட்டுவதை சற்றும் நிறுத்தாமல் அவரது துயரமான குழந்தைப் பருவத்தைப் பற்றியும், அழுத்தம், கோபம் போன்றவற்றால் சூழ்நிலை மோசமாகுமாயின், மருத்துவ

சிகிச்சையை தேடுங்கள். (எ.கா) ஆலோசகரை அணுகுதல், நடத்தை முறை சிகிச்சை.

8.3.தாய் தன் குழந்தைகளுக்கு படிப்பித்தல் (போதகர்/ஆசிரியர் பங்கு)

தாய் தன் பிள்ளைகட்கு, வன்முறையானது ஒருபோதும் அவர்களது குற்றம் அல்ல என்பதை விளக்கவேண்டும். அவர்களை பாதுகாத்து, பக்கபலமாயிருந்து, வன்முறையின்போது இடைபட முயற்சியாமல் இருக்கவேண்டும்.

வன்முறையானது ஒருபோதும், எக்காரணம் கொண்டும், பெண்களுக்கு விரோதமாய் பயன்படுத்தப்படும் ஆயுதமாய் இருக்கக்கூடாது என்பதை குழந்தைகளுக்கு வற்புறுத்தி கற்றுக்கொடுத்தல் வேண்டும்.

9.குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்குவதற்கான உணர்வு பெருந்தன்மை

9.1.உணர்வுகள்

- நீங்களோ அல்லது உங்கள் கணவரோ எளிதில் தூண்டப்பட்டு ஒரு சண்டையில் ஈடுபடலாம். உங்கள் கணவரது தூண்டுதல் காரணியை அறிந்து கொள்ளுங்கள். (எ.கா.) நீங்கள் வெளியிலிருந்து வந்து காலணிகளை கழற்றும்முன்போ, அவரது தாயாரை

குறித்து விவாதிப்பது இத்தகைய தூண்டும் காரணிகளை விலக்க முயற்சியுங்கள். செயல்படுமுன் சற்று பொறுமையாய் ஆரம்பிக்கலாம், உறவுகள் பாதுகாக்கப்படும்.

9.2. ஒப்புமைபடுத்துதல்

மனைவியானவள் தன் கணவர் கடக்கும் சூழ்நிலையில் அக்கறையுள்ளவராயிருப்பின், அவர் மீது நம்பிக்கை வைக்க ஏதுவாகும். பின்பு கஷ்டம் வந்தாலும், அவரோடு சேர்ந்து அதனை சந்திக்கமுடியும்.

9.3. வளைந்து கொடுத்தல்

சிலநேரங்களில் உங்கள் கணவர் உணர்வுகளில் அழுத்தமுள்ளவர்களாயிருக்கலாம். சில நேரங்களில் நீங்கள் அழுத்தமுள்ளவர்களாயிருக்கலாம். ஒரு மனைவியாக, எப்பொழுது விட்டுக்கொடுத்து போகவேண்டும். ஒருவருக்கொருவர் வளைந்து கொடுத்தல் வேண்டும் என்பதை அறிந்து கொள்ளுங்கள். பொறுமைக்கு எப்பொழுதும் ஒரு பரிசு உண்டு.

9.4. ஒவ்வாமை

சில நேரங்களில், நீங்கள் ஒவ்வாமல், உங்கள் கணவரை உணர்வுபூர்வமாக புண்படுத்தவும் செய்யலாம் அல்லது இதுவே உங்களுக்கும் நேரிடலாம். உங்களை,

உங்கள் கணவர் இடத்தில் வைத்து நோக்க முயற்சியுங்கள். எப்பொழுதும் நீங்கள் தான் ஜெயிக்கவேண்டுமானால் நீங்கள் பிரச்சனைக்குள்ளாவீர்கள்.

9.5. எதிர்பார்ப்புகள்

நீங்களும், உங்கள் கணவரும் ஒருவரிடத்திலிருந்து ஒருவர் எதனை எதிர்பார்க்கவேண்டும் என்பதைக் குறித்து ஒத்துபோகவேண்டுமானால், இது ஒருவரையொருவர் நீண்ட நாட்களாக கவனித்து வருவதன் மூலமாகவே சாத்தியமாகும். அவர் உங்கள் சிந்தையை படிக்கவேண்டும் என்று கேட்பதை நிறுத்துங்கள். இது தோற்கடிக்கும் முயற்சியாகும்.

9.6. மன்னித்தல்

நீங்கள் சண்டை போட்டிருப்பீர்களானால், உட்பகையை நீண்டநேரம் மனதில் வைத்திராதீர்கள். போனால் போகட்டும் என மன்னித்து விட்டு தள்ளுங்கள் (உங்களுக்கும் உங்கள் கணவருக்கும்).

9.7. பழி சுமத்தாதீர்கள்

சில நேரம் உங்கள் தவறுதலினால், பிரச்சனைகள் உருவாகலாம். சிலநேரம் அது மற்றவற்றின் தவறினால் இருக்கலாம். (எ.கா) நண்பர்கள் மற்றும் பிற உறவினரால்)

எப்பொழுதும் மற்றவரை குறித்தே குறைசொல்லிக் கொண்டே இராதீர்கள்.

10. சுருக்கம்

குடும்ப வன்முறை எங்கும் காணப்படுகிறது. இந்த கையேட்டில் உள்ள குடும்ப வன்முறையின் நான்கு பிரிவுகளாவன, உடற்காயங்கள், விமர்சனங்கள், பொருளாதார மற்றும் உணர்ச்சி துஷ்பிரயோகம், குடும்ப வன்முறையின் சுழற்சியில் உள்ள நான்கு கட்டங்கள் யாதெனில் நடப்பு, அழுத்தம் உருவாகுதல், சமாதானப்படுதல் மற்றும் அமைதி கட்டம். குடும்ப வன்முறையின் பிரிவுகள் பொருத்து அதனை சுமுகமாக தடுக்கவும், மேற்கொள்ளவும், பல வழிகள் உள்ளன. தன் பங்கின் புரிதல் தன்மையும் உணர்ச்சியின் முதிர்வு தன்மையும் குடும்ப வன்முறையை சுமுகமாக எதிர்நோக்க உதவுகிறது.

11.முடிவுரை

நீங்கள் துஷ்பிரயோகம் செய்யப்படும்போது, நீங்கள் மட்டுமே குற்றம் சாட்டப்படக்கவர் அல்ல என்பதை நினைவு கூறுங்கள். உங்கள் கணவரது துஷ்பிரயோகிக்கும் குணத்திற்கு நீங்கள் மட்டுமே எல்லா நேரங்களிலும் காரணமாகமாட்டீர்கள். நீங்களும் உங்கள் பிள்ளைகளும் மதிப்போடு நடத்தப்பட தகுதியானவர்களே. உங்கள் பங்கின்

புரிதல் தன்மையையும், உணர்வுகளின் முதிர்வு
தன்மையையும் வளர்த்து, பழக்கப்படுத்தி, குடும்ப
வன்முறையை சுமுகமாக எதிர்நோக்குங்கள்.
ஒருவரையொருவர் புரிந்து கொண்ட வாழ்க்கை வாழ்வுங்கள்.

சில நேரங்களில், நீங்கள் வாழ்வை அச்சுறுத்தும்
குழ்நிலையில் (உடல் துஷ்பிரயோகம்) இருப்பீர்களானால்,
இது பொருந்தாது. புத்தியாய் யோசியுங்கள். உங்களையும்
உங்கள் குழந்தைகளையும் பாதுகாக்கும் வழிகளை தேர்வு
செய்யுங்கள். நீங்கள் மட்டும் தனியாக இல்லை என
சிந்தித்துக் கொள்ளுங்கள். உங்களுக்கு உதவ மக்கள்
உள்ளனர்.

“உங்களை விலையுயர்ந்த இரத்தினமாக மதிப்பிடுங்கள்”

ANNEXURE -X

CONSENT FORM

I, Mrs. M.Jayalakshmi, II-year, M.Sc.,(N) student of Shanmuga College of Nursing, as a part of my M.Sc., (N) programme have selected a research study on “A study to evaluate the effectiveness of planned nursing intervention to face the domestic violence positively, to assess in terms of role recognition and emotional competence among married women at a selected area in Salem”. In which I would like to include you as the study sample. I ensure you that the details collected will be kept confidential and will be utilized for only the research purpose.

Yours faithfully,

(Mrs.M.Jayalakshmi)

The researcher explained in detail about the study and its benefits and no risk, and I came to know that I can withdraw from study at any time. She ensured that the information collected from me will be kept confidential and it is used only for this study. I am willing to be a sample for this study.

Yours faithfully,

Name:

Signature and date:

சம்மதப் படிவம்

தேதி:

பங்காளர் எண்.

திருமதி மு.ஜெயலக்ஷ்மி ஆகிய நான் சண்முகா செவிலியர் கல்லூரியில் இரண்டாம் ஆண்டு முதுகலை செவிலியர் பட்டப்படிப்பு பயின்று வருகிறேன். எனது படிப்பின் ஒரு பகுதியாக, திருமணமான பெண்களின் குடும்ப வன்முறை குறித்தான திட்டமிட்ட செவிலியர் செயல்முறை மூலம், தந்நிலை அறிதல் பற்றியும், அதற்காக சரியான மேம்படுத்தும் முறைகளை பற்றி கண்டறியவும் உள்ளேன். சேகரிக்கப்படும் விபரங்கள் இரகசியமாகப் பாதுகாக்கப்படும் மற்றும் ஆராய்ச்சிக்காக மட்டுமே பயன்படுத்தப்படும் என உறுதியளிக்கிறேன்.

இப்படிக்கு,

திருமதி மு.ஜெயலக்ஷ்மி

இந்த ஆராய்ச்சி பற்றி முழு விபரத்தையும் அதன் பயன்களையும், அபாயம் எதுவும் இல்லை மற்றும் இந்த ஆராய்ச்சியிலிருந்து எப்பொழுது வேண்டுமானாலும் விலகிக் கொள்ளலாம் என்பதை விளக்கினார். சேகரிக்கப்படும் விபரங்கள் இரகசியமாகப் பாதுகாக்கப்படும் என உறுதி அளித்தார். எனவே அவரது ஆராய்ச்சியில் பங்கேற்க முழுமனதுடன் சம்மதிக்கிறேன்.

இப்படிக்கு,

இடம்:

தேதி:

பங்கேற்பவர்.